THE HUNDRED AND FIFTH
ANNUAL REPORT UPON

THE HEALTH OF LEICESTER DURING 1953

E. K. MACDONALD
O.B.E., M.D., D.P.H., Q.H.P.

CITY OF LEICESTER

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(As constituted 31st December, 1953)

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Mr. H. N. T. STAUNTON

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Mrs. D. RUSSELL
Mr. R. W. A. RUSSELL

QUALIFICATIONS AND DUTIES OF SENIOR PUBLIC HEALTH OFFICERS

As specifically requested in Ministry of Health Circular 1/54, the following details are given :

Medical Officer of Health

E. K. Macdonald, O.B.E., M.D., D.P.H., Q.H.P.

Exercises oversight and control over all the City's Health Service, advises all Committees of the Corporation on medical matters, and acts as Principal School Medical Officer.

Deputy Medical Officer of Health

A. I. Ross, M.D., D.P.H.

Acts as Deputy to the Medical Officer of Health, including the School Health Service, and particularly supervises the work of the City Ambulance Service, the City Mental Health Service, the Home Nursing Service, and the control of infectious disease.

Medical Officer for Maternity and Child Welfare

(Miss) E. B. B. Humphreys, M.B., Ch.B.

Responsible for the control of the Maternity and Child Welfare Service, including the Health Visitor, Midwifery, and Day Nursery and Clinic Services, and also the Home Help Service.

Tuberculosis Officer

J. Cuthbert, M.D., Ch.M., D.P.H., F.R.F.P.S.

Though primarily appointed by and responsible to the Sheffield Regional Hospital Board as Consultant Chest Physician, and in this capacity, in charge of the Leicester Chest Clinic and of beds at the Leicester Isolation Hospital and Chest Unit, is also responsible, in co-operation with the Medical Officer of Health, for the preventive side of the campaign against tuberculosis.

Public Analyst

F. C. Bullock, B.Sc., P.A.Inst.W.E., F.R.I.C.

Responsible for the work of the Public Analyst's Laboratory and for the analysis of and reporting on samples of Foods and Drugs and other matters.

Chief Sanitary Inspector

G. A. Hiller, F.R.San.I., A.M.I.S.E., F.S.I.A.

Responsible for the work of the Sanitary Inspection Department.

Chief Clerk

F. Kellett, F.C.C.S.

Responsible to the Medical Officer of Health for all the "lay" side of the work of the Health Department, including the non-professional staff, the payment of wages, and the ordering and checking of goods.

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SUMMARY OF STATISTICS

FOR THE YEAR 1953

Population (estimated), mid-1953	286,500
Population at Census, 8th April, 1951	285,061
Marriages	2,448
Births (corrected)	4,597
Birth-rate (standardised birth-rate = 15.7)	16.0
Deaths (corrected for transferable deaths)	3,206
Death-rate (standardised death-rate = 11.3)	11.2
Deaths under One Year	114
Infant Mortality (per 1,000 Births)	24.8
Maternal Mortality (per 1,000 total births)	0.85
Zymotic death-rate (per 1,000 population)	0.20
Respiratory Disease death-rate (per 1,000 population)	1.19
Cancer death-rate (per 1,000 population)	1.86
Tuberculosis death-rate (per 1,000 population)	0.27
Phthisis death-rate (per 1,000 population)	0.24

Area of City (in acres)	16,990
Number of Inhabited Tenements, January, 1954	86,921
Number of Empty Houses, January, 1954	418
Rateable Value at 1st April, 1953	£2,223,062
General Rate for the year, 1953-54	24/2 in £

	England and Wales	County Boroughs	London Administrative County
Birth-rate	15.5	17.0	17.5
Death-rate	11.4	12.2	12.5
Infant Mortality (per 1,000 Births)	26.8	30.8	24.8

(Registrar-General's Figures)

To the Chairman, Lord Mayor, and Members of the
City Health Committee

Mr. Chairman, My Lord Mayor, Ladies and Gentlemen,

I have the honour to submit herewith the Annual Report on the Health of Leicester for the year 1953.

STATISTICS

Population. The population of the City of Leicester is now estimated at 286,500, an increase of 600 on the figure for 1952. If this estimation is correct there must be some emigration from Leicester, as the number of births exceeded that for deaths by 1,391.

Birth-rate. This was 16.0, much the same as for 1952, 15.9.

Infantile Mortality. This rate appears to be becoming standardised. In 1953, it was 24.8, in 1952, 24.2, in 1951, 25.2. It is satisfactory.

Death-rate. At 11.2, this is one of the lowest rates we have ever had, only being bettered in 1948, when it was 10.8.

Tuberculosis. Included in the total death-rate figure is the rate relative to tuberculosis. It is very satisfactory to record that there was a substantial decrease in the mortality from this disease, from which only 76 deaths occurred during the year 1953, compared with a previous lowest figure of 99 for 1952. But though this is eminently satisfactory, the incidence of the disease is not equally so. For further consideration of this subject, reference should be made to Dr. Cuthbert's exceptionally interesting report in Appendix I. I would especially direct attention to his account of his case-finding programme.

Mr. G. A. Hiller, Chief Sanitary Inspector, commenced his duties early in January, 1953, and I am glad to welcome him to the work of the Department. It is very satisfactory that the services of such an officer have become available to Leicester, to follow Mr. McHugh, to whose departure I referred in my last Report. Mr. Hiller's first year of office has been made more difficult by the continued fall in the number of Sanitary Inspectors. This difficulty, unless resolved, has considerable inherent danger.

I would like to thank you, Mr. Chairman, and your Committee for your continued encouragement. The Committee meetings and the day-to-day contacts that take place are happy and indicative of the intense interest every member has in the work of the Department. My thanks are due to you all.

I wish also to express to all the Staff of the Department how deeply I appreciate the spirit and efficiency in which the work is carried out.

I am,
Mr. Chairman, My Lord Mayor, Ladies and Gentlemen,
Your obedient servant,
E. K. MACDONALD, O.B.E., M.D., B.S , D.P.H., Q.H.P.
Medical Officer of Health

Health Department,
Grey Friars,
Leicester.
19*th July*, 1954

ANNUAL REPORT 1953

SECTION A

Statistics and Social Conditions of the Area

STATISTICS

Population

The Registrar-General estimates the population of the City of Leicester at mid-1953 as 286,500. This figure compared with the estimated mid-1952 population of 285,900, an increase of 600.

As there was an increase of births over deaths amounting to 1,391, there was a greater loss by emigration than a gain by immigration.

Birth-rate

The number of live births registered during 1953 was :

Males	2,354	(2,287)
Females	2,243	(2,267)
Total	4,597	(4,554)
Birth-rate	16.0	(15.9)
Standardised Birth-rate ..	15.7	(15.6)

(*Note* : The comparative figures for 1952 are those in brackets)

There is, then, a very slight increase in the number of births, particularly of male babies. Of the 4,597 total births, 268 (136 males and 132 females) were illegitimate, much the same as for 1952.

Stillbirths

There were 128 stillbirths (69 males and 59 females)—nearly 50% more than in 1952, 88, 40 and 48 respectively. I do not know why there was this increase, but the 1953 figures are disturbing. Only three of the stillbirths were illegitimate.

Infant Mortality

There were 114 deaths of infants under one year of age (71 males and 43 females), of which 2 males and 2 females were illegitimate. The infant mortality rate was therefore 24.8 infant deaths per 1,000 live births—one of the lowest rates we have ever had. The comparative figures for the last three years, 1952, 1951 and 1950, were 24.2, 25.2 and 29.5. The rate for 1949 at 23.8 was the lowest recorded.

The main causes of infant deaths were (Registrar-General's figures) :

	1953			1952		
	Male	Female	Total	Male	Female	Total
Congenital malformations	12	10	22	19	9	28
Pneumonia	6	2	8	7	6	13
Accidents	2	3	5	7	3	10
Gastritis, Enteritis . .	2	2	4	4	–	4
Infectious Diseases . .	2	1	3	2	–	2
Bronchitis	2	–	2	4	3	7
Other Respiratory Disease	1	1	2	–	–	–
Other defined and ill-defined diseases . .	44	24	68	27	19	46
	71	43	114	70	40	110

Among the deaths classified as from other diseases, 68 in all, are included 38 deaths from prematurity (24 in 1952), 10 from asphyxia, 5 from blood disease of the newborn child, and the remainder from various causes.

Marriages

The number of marriages in Leicester in 1953 was 2,448 (2,557).

Death-rate

The total number (corrected) of deaths was 3,206 (3,254), namely 1,626 (1,652) males and 1,580 (1,602) females.

The death-rate was therefore 11.2, compared with 11.4 for 1952. The standardised death-rate was 11.3 (11.5). The death-rate for England and Wales was 11.4 and for all the County Boroughs 12.2.

The lowest death-rate ever recorded in Leicester was for the year 1948 and was 10.8. The figure 11.2 has only been beaten in that year, though it has been equalled in 1938 and 1942. We can therefore feel reasonably content that Leicester remains a healthy industrial city.

Again I can report that nearly two-thirds (65%) of the deaths occurred in persons over 65 years of age—the female sex actually achieving the excellent figure of 70% over 65 years of age. No less than 1,229 persons reached the age of 75 years and over.

The causes of death will be found in Table 2, from which the following extracts are made :

Heart and Vascular Disease

Out of 3,206 total deaths, 1,634 (or 51.0%) were assigned to these causes, almost exactly the same proportion as in 1952.

Of these 1,634 deaths, 792 were males and 842 females.

Once again these causes of death particularly affect older people, only 33 cases being in persons under 45 years of age, and 1,268 (out of 1,634) in persons over 65 years of age.

Cancer

There were 534 deaths from this cause—245 males and 289 females. The total deaths and those in males are lower than for several years.

The following table compares the figures for definite sites of cancer for the last three years :

Site		1953	1952	1951
Stomach	Males	37	44	44
	Females	38	43	46
Lung and Bronchus	Males	73	82	74
	Females	13	11	9
Breast	Females	59	58	48
Uterus		27	32	32
Other sites ..	Males	135	178	166
	Females	152	147	160
	Totals	534	595	579

Tuberculosis

Full consideration of this disease will be found in Dr. Cuthbert's report in Appendix I. But once again I must mention—as I have done on several occasions in the past—that yet another low record has been achieved. The deaths from tuberculosis in the City in 1953 were 76. In the Report for 1952 I also claimed a new record, and as in that year the number of deaths was 99, it will be obvious to how great a degree has the position improved.

Of the 76 deaths, 54 were males and 22 females.

But this lower death-rate does not mean that tuberculosis is ceasing to be an important disease. It still is. The number of new cases of the disease occurring each year is still much the same, and therefore still far too high. The problem of prevention is perhaps one of the most important public health problems of the present day.

There is also the point that tuberculosis is still the greatest killer of persons in the prime of life, i.e. in the age group 25-45 years.

These matters are further referred to in Appendix I—Dr. Cuthbert's report.

Respiratory Disease

There were 128 deaths from pneumonia (76 males and 52 females), 189 from bronchitis (114 males and 75 females), and 25 from other respiratory diseases (18 males and 7 females).

These figures, though slightly worse than those for 1952, are better than those for the previous year, 1951.

Other Causes of Death

There were the following numbers of deaths from the causes indicated :

	Males	Females	Total
Diabetes	10	14	24
Peptic ulcer	21	5	26
Kidney disease	27	21	48
Pregnancy and childbirth	—	4	4
Motor accidents	25	8	33
Other accidents	27	41	68
Suicide	28	18	46

Details will be found in Table 2.

INFECTIOUS DISEASE—MORBIDITY AND MORTALITY

Measles

Once again, a rather large number of cases of measles was notified—3,174. In 1952 there were 3,754 cases and in 1951 4,810 cases. This continued high incidence is unusual.

There were no deaths.

Scarlet Fever

There were 490 cases notified and no death.

Whooping Cough

1,096 cases, with 2 deaths.

Diphtheria

No case occurred.

Diphtheria Immunisation

	Under 5	Over 5	Total
Number of children immunised in 1953..	3140 (3339)	444 (533)	3584 (3872)
Number of children given "boosting" dose in 1953	418 (1128)	1805 (1967)	2223 (3095)
Number of cases of genuine diphtheria during 1953 in "immunised" children	Nil (Nil)	Nil (Nil)	Nil (Nil)
Number of deaths from genuine diphtheria during 1953 in "immunised" children	Nil (Nil)	Nil (Nil)	Nil (Nil)

(Note : 1952 figures in brackets)

Vaccination
Number of Persons Vaccinated (or Re-vaccinated) during 1953

Age at Date of Vaccination	Under 1	1 to 4	5 to 14	15 or over	Total
No. vaccinated ..	147 (122)	172 (128)	45 (34)	195 (179)	559 (463)
No. re-vaccinated	2 (—)	12 (6)	17 (14)	316 (264)	347 (284)

(Note : 1952 figures in brackets)

PRIVATE DOCTORS SUPPLEMENTARY RECORD
for year ending 31st December, 1952

Number of Persons Vaccinated (or re-vaccinated) during 1952
(notified during 1953)

Age at Date of Vaccination	Under 1	1 to 4	5 to 14	15 or over	Total
No. vaccinated ..	17	11	5	13	46
No. re-vaccinated	1	—	4	22	27

Poliomyelitis

There were 19 confirmed notifications—15 paralytic and 4 non-paralytic. There was one death, a woman in the 45-65 years age group.

The comparable figures for the previous three years are :

1952—4 cases, 3 paralytic, no death.

1951—13 cases, 9 paralytic, one death.

1950—79 cases, 42 paralytic, 4 deaths.

The cases in 1953 occurred from May onwards and are summarised in the following table.

	Paralytic					Non-paralytic				
	Ages					Ages				
Month	0–4	5–14	15–24	25+	Total	0–4	5–14	15–24	25+	Total
May ..	–	2	–	–	2	–	–	–	–	–
June ..	1	1	–	1	3	–	–	–	–	–
July ..	2	–	1	1	4	1	2	1	–	4
August ..	1	1	1	–	3	–	–	–	–	–
September	–	–	–	1	1	–	–	–	–	–
October ..	2	–	–	–	2	–	–	–	–	–
Totals	6	4	2	3	15	1	2	1	–	4

There was no evidence of any connection between one case and another nor had any patient had a tonsillectomy or injection within 12 months of developing the illness.

Leptospiral Infection

During the year two boys suffered from leptospiral infection, one being infected by Leptospira icterohæmorrhagiæ, the other by L. canicola. Before they became ill they had frequently bathed in the River

Soar near the Bede House. Both were admitted to hospital where they made a good recovery.

L. icterohæmorrhagiæ lives in the urinary tract of rats who usually do not suffer ill-effects. Occasionally some of the organisms are passed in the rats' urine, man being infected by coming into contact with this urine or with urine-contaminated water. The disease therefore occurs mainly among those gutting fish, sewer workers and persons bathing in dirty canals or rivers.

L. canicola similarly infects dogs, although dogs more often show ill-effects, developing an acute illness which may be fatal. Surveys have shown that 25% to 40% of dogs become infected at some time in their lives. Infection in man is produced by direct contact with the urine of such a dog or by bathing in contaminated water, and it is curious that man is not more often affected.

During the summer of 1953 many boys had bathed in the Soar. In an attempt to see if any others had become infected, specimens of blood from eight of the regular bathers were sent to the Public Health Laboratory for examination for leptospiral infection. All were negative.

The local press were helpful in publishing information about the cases and advice against bathing in the canal and Soar.

This is the second outbreak of infection in recent years due to the heavily contaminated water of the Soar. In the other, mentioned in my report for 1950, the river water was accidentally pumped into the City supply in a factory, causing 188 known cases of diarrhœa, some of them being positive for Sonne dysentery.

Steps have been taken to provide clearer "No Bathing" notices at those parts of the river where bathing has been most popular. It is obvious that bathing in the Canal and River Soar is dangerous and should not be undertaken.

Dysentery

I am most grateful to Dr. A. I. Ross, Deputy Medical Officer of Health, who has prepared the following report and who has borne the considerable amount of work in connection with this disease. Dr. Ross reports :

Nineteen-fifty-three saw an increase in the number of dysentery cases coming to the notice of the Department, but fortunately few of the patients were very ill. Because the strain of organism causing the infection was resistant to sulphonamides many patients took a considerable time to clear.

Dysentery is notifiable to the Medical Officer of Health under the Public Health (Infectious Diseases) Regulations, 1953, "dysentery" being defined as including amoebic and bacillary dysentery, the definition not going into further detail and possibly, owing to different opinions as to what dysentery is, leading to a difference in notification practised among doctors. For example, should patients with diarrhœa, which is clinically dysentery, but from whom positive specimens have not been obtained, be notified ? Or should symptomless carriers be notified, and so on ? In an attempt to show what types of dysentery are coming to the notice of the Department, the 896 cases in 1953 have been divided into groups, as suggested by Dr. Sutherland in an article in the Health Bulletin of the Scottish Department of Health, April, 1951, Vol. IX, page 29.

When a case is notified a sanitary inspector visits the home to find out if other members of the household, particularly food handlers, show signs of dysentery and tries to ascertain the cause of infection—often unsuccessfully. Three specimens of stool are obtained from the patient, if possible before treatment begins, and sent to the Public Health Laboratory for examination. If positive, three specimens are obtained from other members of the household.

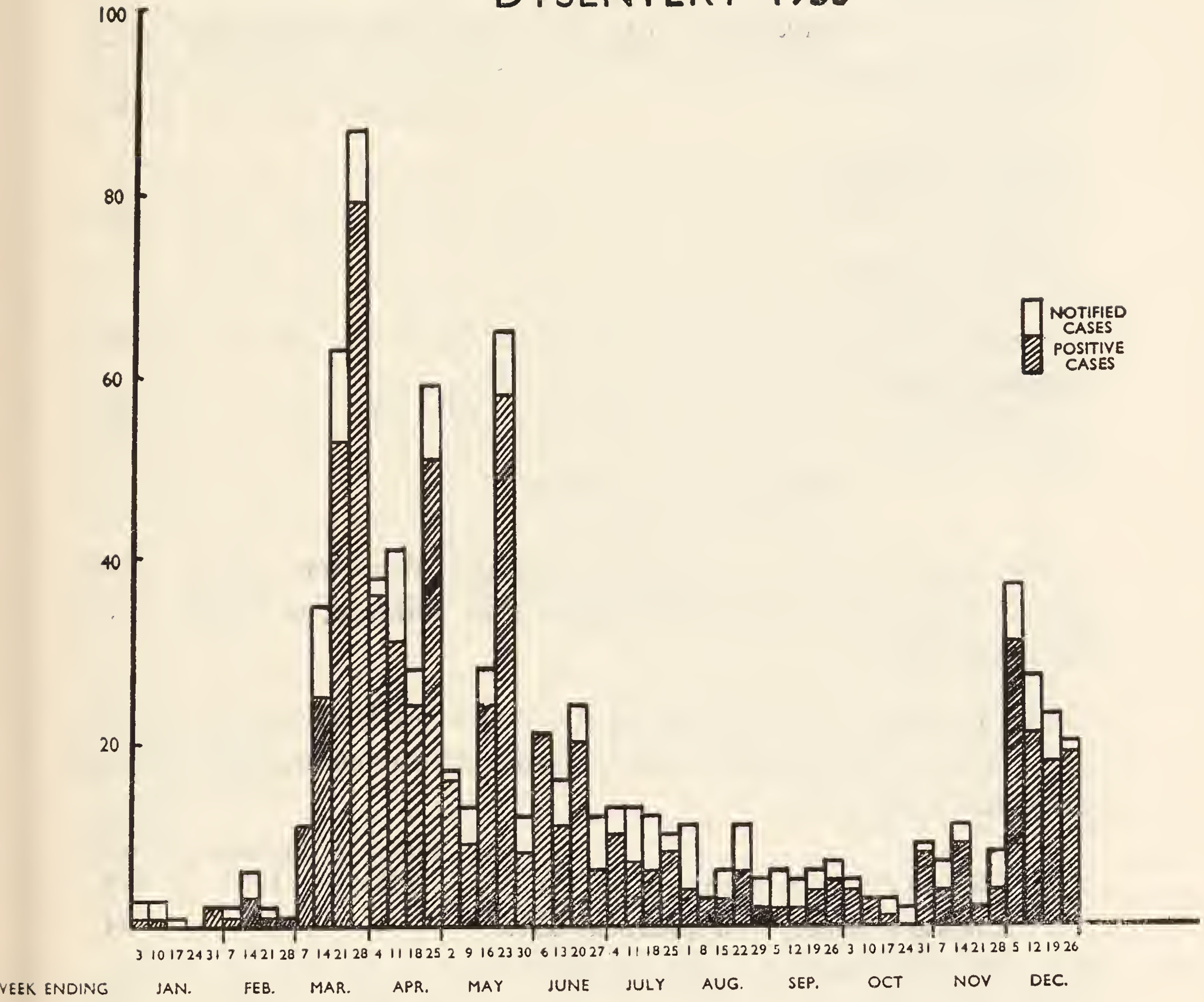
In 1953 all positive cases were found to be infected with Shigella sonnei, with one exception, a child showing Sh. flexneri. The cases have been sub-divided as follows :

A. Clinical dysentery (i.e. with symptoms) :		
1. Confirmed (i.e. positive on bacteriological examination)	Flexner	1
	Sonne	373
2. No specimens taken		14
3. Specimens taken—negative..		199
B. Bacteriological dysentery (i.e. without symptoms) :		
	Flexner	0
	Sonne	309
C. Total cases coming to the notice of the Department ..		896

In addition, stool specimens were examined from 858 negative contacts.

As the following histogram shows, the cases occurred in two waves—in March-June and in November-December. The first was due to several outbreaks in day nurseries with associated cases in the children's families, and the second was started by a small outbreak in a nursery in the South of the City, other members of the children's families being infected and the infection then spreading to a large infant school with several nursery classes and to other infant schools.

DYSENTERY 1953



The main sources of infection were among children attending nurseries or schools, and other members of the patients' families. Three hundred and ninety-eight cases were notified by doctors, the others being found by sampling other members of families where there had been cases or contacts of cases at nursery schools or nurseries.

Source of Infection

	Nursery	School	Family	Work	Other	Unknown	Total
Clinical dysentery confirmed ..	85	112	66	–	15	96*	374
Clinical dysentery—no specimens taken	–	–	6	–	–	8	14
Clinical dysentery—specimens taken—negative ..	3	33	31	–	11	121	199
Bacteriological dysentery ..	61	29	162	–	8	49	309
							896

*(includes 1 Sh. flexneri)

The age distribution was :

	Under 1 month	1-5 mths.	6-11 mths.	1-4 yrs.	5-14 yrs.	15-44 yrs.	45-64 yrs.	over 65 yrs.	Total
Clinical dysentery confirmed ..	–	3	7	172	140*	50	2	–	374
Clinical dysentery —no specimens taken ..	–	1	–	7	1	5	–	–	14
Clinical dysentery —specimens taken—negative	–	1	5	57	69	59	5	3	199
Bacteriological dysentery ..	–	3	9	91	82	124	–	–	309
									896

*(includes 1 Sh. flexneri)

The small incidence of confirmed clinical dysentery among adults will be noted, the preponderance being in children, especially under five years of age.

The incidence of dysentery in the two sexes is shown in the two tables below. The second includes some additional nursery contacts not given in the first.

	Males	Females	Total
Clinical dysentery confirmed	178	196*	374
Clinical dysentery—no specimens taken ..	7	7	14
Clinical dysentery—specimens taken—negative	99	100	199
Bacteriological dysentery	136	173	309

*(includes 1 Sh. flexneri)

Incidence of Sh. sonnei among all persons sampled

Age Groups	Males			Females			% pos. ratio Males/ Females
	Pos.	Neg.	% pos.	Pos.	Neg.	% pos.	
0—4 years	146	107	58%	139	100	58%	1/1
5—14 years	108	119	43%	113	103	52%	0.83/1
15 and over	60	309	16%	116	435	21%	0.76/1
Totals ..	314	535	36%	368	638	37%	0.97/1

The first table shows that the incidence of negative clinical dysentery was the same in both sexes ; cases of confirmed clinical dysentery and bacteriological dysentery were greater among females.

The second table shows an almost similar proportion of positives in males and females between 0-4 years, but from 5-14 years and 15 and over more females were positive. It is not clear why this was so in the 5-14 year group, but in those over 15 years the explanation is probably the close association between mothers and their children and the many nursery staff becoming infected.

Although true chronic carriers of dysentery do not occur, individuals frequently pass the germ for long periods. The following table is based on the number of weeks counting from the date of the first positive test or first symptom until three negative specimens were obtained. In many cases there was delay in the submission of the final specimens ; therefore the intervals are longer than the time many of the individuals did, in fact, take to clear. This is confirmed by the time taken to obtain three negatives in the negative clinical dysentery cases, where the delay was entirely due to slowness in sending in specimens.

Weeks to Clear

	1	2	3	4	5	6	7	8	9	10	11	12 and 12+	Un-known	Total
Clinical dysentery confirmed	–	*12	28	34	79	44	36	40	24	27	9	23	18	374
Clinical dysentery—no specimens taken ..	–	–	–	–	–	–	–	–	–	–	–	–	14	14
Clinical dysentery—specimens taken—negative	23	74	31	25	14	12	6	8	3	–	2	1	—	199
Bacteriological dysentery	–	6	21	29	45	45	42	32	26	12	7	16	28	309

*(includes 1 Sh. flexneri)

Adults cleared slightly more quickly than children. There was no difference in clearing between the two groups with and without symptoms.

To summarise, sonne dysentery, although not serious, causes considerable inconvenience. Institutional outbreaks among young children cause many of the cases, spread occurring to other members of the children's families, particularly their mothers. Adults are much less frequently infected than children. Few of the symptomless positive carriers in this series caused clinical cases of dysentery. Although the organism may continue to be passed after several courses of drug treatment, it is infrequent for the infection to extend beyond 12 weeks.

Prevention depends on conscientious hand washing after visiting the toilet and before preparing or eating food.

Food Poisoning

Forty-one cases of food poisoning or suspected food poisoning came to the notice of the Department during the year. Of these, twenty-eight were salmonella infections, compared with eight in the previous year ;

nine, probably due to Clostridium welchii toxin, occurred in one outbreak ; one was proved on investigation to be sonne dysentery and one was due to an insect bite and not to food poisoning. In two cases associated in one family, stool examinations were negative and the cause of the symptoms was not found.

The salmonella organisms isolated were as follow :

Salm. typhi-murium	20
Salm. bovis morbificans	2
Salm. newcastle	2
Salm. enteriditis	1
Salm. thompson	1
Salm. heidelberg	2
Total	28

Whenever a positive case or carrier was found, three stools from the family contacts were examined. Fifteen of the salmonella cases occurred without a known association with other cases (nine S. typhi-murium, two S. newcastle, two S. bovis morbificans, one S. enteriditis, and one S. thompson), the 23 family contacts examined being found negative.

Of the S. typhi-murium infections, three were associated at a day nursery. One child at the nursery developed symptoms and was found positive, and shortly afterwards another child developed diarrhœa due to S. typhi-murium and the first child's mother also became ill and was positive. Three specimens from each of the 14 staff and 51 children were negative. Three others were associated at a hospital, the original case being a nurse who probably infected two patients. Further samples from associated staff and patients were negative. Two occurred in one family and three were associated in another.

The two S. heidelberg cases were associated in one family.

The source of infection could only be found in the day nursery, familial and hospital cases (seven in all). An intensive, but unsuccessful effort was made to find some article of food common to the two S. bovis morbificans cases, an uncommon variety.

Although salmonella infection is frequently trivial, five patients had to be admitted to hospital because of the severity of the symptoms. Four were admitted for public health reasons to limit the spread of infection.

The time in weeks to clear, i.e., the interval from the onset of symptoms to the last of three negatives at daily intervals, is given below.

Weeks to clear												
1	2	3	4	5	6	7	8	9	10	11	12 and 12+	Unknown
1	4	1	7	3	3	2	2	–	–	1	4	3

Of those taking over 12 weeks to clear, one S. typhi-murium took 14, one S. typhi-murium took 20, one S. bovis morbificans took 21 and one S. thompson took 34.

The outbreak thought to be due to Cl. welchii was in an institution where nine of 19 people suffered from slight diarrhœa 12–14½ hours after eating a meat pie which had been prepared there. The meat had been stewed for two hours and stored overnight in the larder in large china basins, the meat in one, the gravy in another, the pies being made the following day, cooked for twenty minutes in the oven and then placed in a hot case for one hour before eating.

Although Cl. welchii was not recovered from the pie that remained over, the interval of 12 hours before symptoms developed, the character of the symptoms themselves and the method of preparing the meat by cooking one day, reheating the following, and keeping warm for an hour before eating, were strongly suggestive of this organism.

Cl. welchii has only become incriminated as a cause of food poisoning in recent years. In 1943 a number of outbreaks occurring in Leicester followed consumption of midday meals served at institutions where the gravy showed heavy contamination by an organism closely resembling Cl. welchii. Cl. welchii may gain access to meat from the hands of butchers, cooks, etc. It has been found in 2.1% of a series of fæces examined.

To avoid danger from this cause, meat products should be eaten soon after cooking and reheating avoided. Gravy should be freshly prepared and not stored from one day to the next. After preparation in as clean a manner as possible, the meat product should be cooked and eaten as soon afterwards as possible or cooked quickly and kept cool until eaten. Reheating and keeping warm is particularly dangerous.

Outbreak of Possible "Winter Vomiting"

In December, 23 members of the 51 staff employed in the office and laboratories of a factory in the City were affected with mild diarrhœa and vomiting lasting 1–24 hours (vomiting 7, diarrhœa 7, vomiting and diarrhœa 7, abdominal pain only 2), starting within 12 hours of one another—the first at 4 p.m. and the last at 8 a.m. the following day.

Workers in the main factory block were not affected. A common food vehicle of infection could not be found, few eating canteen meals. Three specimens of stool from each of five patients were negative.

As this did not appear to be food poisoning, the cause may have been a virus infection.

TABLE 1

Showing estimated Population, Birth-rates and Death-rates (General and Zymotic) per 1,000 living during the last 40 years—1914-1953

Year	Estimated Population	Birth-rate	Death-rate	Zymotic Death-rate	Infant Mortality
1914	232,664	22.1	14.1	1.1	119.9
1915	232,664	20.8	14.9	.5	122.8
1916	225,907	20.7	13.6	.8	104.8
1917	217,537	16.9	13.5	.7	105.0
1918	217,537	14.9	17.8	.5	108.1
1919	236,059	15.3	13.0	.3	98.0
1920	236,874	24.9	12.1	.8	89.4
1921	237,900	22.4	12.0	.5	85.9
1922	238,240	19.5	12.7	.5	87.8
1923	238,580	19.2	11.6	.4	84.0
1924	238,920	18.3	12.3	.7	79.0
1925	239,260	17.5	13.1	1.3	87.6
1926	239,600	17.2	12.4	.7	77.4
1927	239,940	16.5	12.7	.5	75.1
1928	240,280	16.6	11.4	.2	70.7
1929	240,620	15.6	14.2	1.3	80.3
1930	240,960	16.1	11.4	.4	55.7
1931	241,300	15.3	12.4	.5	63.7
1932	240,800	14.9	12.5	.8	70.0
1933	241,500	13.4	12.8	1.0	74.6
1934	241,100	14.2	11.7	.4	52.7
1935	261,000	13.9	11.6	.4	59.4
1936	261,800	14.5	11.6	.3	58.4
1937	262,900	14.5	12.5	.8	62.5
1938	263,300	14.7	11.2	.4	45.95
1939	262,900	13.9	11.5	.4	49.1
1940	259,400	13.9	14.5	.4	51.2
1941	265,310	13.9	12.2	.4	55.0
1942	259,400	16.7	11.2	.4	50.6
1943	254,800	18.6	12.8	.5	48.5
1944	257,450	20.3	11.9	.3	39.0
1945	256,960	19.2	12.2	.4	54.3
1946	269,320	21.0	12.2	.5	53.7
1947	275,830	21.9	12.2	.4	47.2
1948	280,300	19.1	10.8	.45	38.3
1949	283,400	17.9	11.6	.59	23.8
1950	287,520	16.4	11.5	.58	29.5
1951	284,700	16.2	12.4	.09	25.2
1952	285,900	15.9	11.4	.09	24.2
1953	286,500	16.0	11.2	.20	24.8

TABLE 2—CAUSES OF DEATH

Classification	Sex	All Ages	0—	1—	5—	15—	45—	65—
Total Deaths	M	1626	71	8	12	103	440	992
	F	1580	43	14	11	70	342	1100
1. Tuberculosis of Respiratory System	M	51	–	–	–	16	22	13
	F	19	–	–	–	8	9	2
2. Other forms of Tuberculosis	M	3	–	–	–	1	2	–
	F	3	–	1	–	–	1	1
3. Syphilitic Disease ..	M	9	–	–	–	–	6	3
	F	2	–	–	–	1	1	–
4. Diphtheria	M	–	–	–	–	–	–	–
	F	–	–	–	–	–	–	–
5. Whooping Cough ..	M	–	–	–	–	–	–	–
	F	2	–	2	–	–	–	–
6. Meningococcal Infections	M	2	1	–	1	–	–	–
	F	2	–	2	–	–	–	–
7. Acute Poliomyelitis ..	M	–	–	–	–	–	–	–
	F	1	–	–	–	–	1	–
8. Measles	M	–	–	–	–	–	–	–
	F	–	–	–	–	–	–	–
9. Other Infective and Parasitic Diseases	M	2	1	–	–	1	–	–
	F	8	1	–	1	–	4	2
10. Cancer of Stomach ..	M	37	–	–	–	2	17	18
	F	38	–	–	–	1	10	27
11. Cancer of Lung and Bronchus	M	73	–	–	–	4	42	27
	F	13	–	–	–	–	5	8
12. Cancer of Breast ..	M	–	–	–	–	–	–	–
	F	59	–	–	–	4	28	27
13. Cancer of Uterus ..	F	27	–	–	–	4	13	10
14. Other Malignant and Lymphatic Neoplasms..	M	128	–	–	2	6	39	81
	F	141	–	–	–	8	50	83
15. Leukæmia, Aleukæmia	M	7	–	1	1	–	2	3
	F	11	–	–	–	2	3	6
16. Diabetes..	M	10	–	–	–	–	3	7
	F	14	–	–	–	1	3	10
17. Vascular Lesions of Nervous System	M	176	–	–	–	2	39	135
	F	242	–	–	–	6	58	178
18. Coronary Disease, Angina	M	232	–	–	–	7	97	128
	F	145	–	–	–	1	26	118

TABLE 2 (continued)—CAUSES OF DEATH

Classification	Sex	All Ages	0—	1—	5—	15—	45—	65—
19. Hypertension with Heart Disease	M	56	–	–	–	1	14	41
	F	50	–	–	–	1	6	43
20. Other Heart Disease . .	M	267	–	–	–	3	34	230
	F	354	–	–	–	9	28	317
21. Other Circulatory Disease	M	61	–	–	–	2	14	45
	F	51	–	–	–	1	17	33
22. Influenza	M	15	–	–	–	1	3	11
	F	14	–	–	–	–	1	13
23. Pneumonia	M	76	6	1	–	3	13	53
	F	52	2	1	1	2	11	35
24. Bronchitis	M	114	2	1	1	1	24	85
	F	75	–	–	–	1	7	67
25. Other Diseases of Respiratory System	M	18	1	1	–	1	5	10
	F	7	1	–	1	–	–	5
26. Ulcer of Stomach and Duodenum	M	21	–	–	–	2	7	12
	F	5	–	–	–	–	1	4
27. Gastritis, Enteritis and Diarrhœa	M	7	2	–	–	–	3	2
	F	10	2	1	–	1	4	2
28. Nephritis and Nephrosis	M	27	–	–	–	7	10	10
	F	21	–	–	–	1	4	16
29. Hyperplasia of Prostate	M	14	–	–	–	–	1	13
30. Pregnancy, Childbirth, Abortion	F	4	–	–	–	4	–	–
31. Congenital Malformations	M	15	12	–	1	–	1	1
	F	17	10	2	–	3	2	–
32. Other Defined and Ill-defined Diseases	M	123	44	2	3	17	16	41
	F	125	24	2	5	4	28	62
33. Motor Vehicle Accidents	M	25	–	1	2	13	5	4
	F	8	–	2	1	–	1	4
34. All Other Accidents . .	M	27	2	1	1	5	7	11
	F	41	3	1	2	2	8	25
35. Suicide	M	28	–	–	–	7	14	7
	F	18	–	–	–	5	11	2
36. Homicide and Operations of War	M	2	–	–	–	1	–	1
	F	–	–	–	–	–	–	–

TABLE 3

Table showing Population, Birth-rates, Death-
Mortality rates of the 20 large towns

	Birmingham	Bradford	Bristol	Cardiff	Coventry	Croydon	Kingston upon Hull	Leeds
Registrar-General's estimated population	1,118,500	286,600	444,200	246,600	263,000	249,800	299,400	505,500
Comparability factor :								
(*a*) Births	0.96	1.01	0.99	0.97	0.94	0.99	1.00	0.96
(*b*) Deaths	1.12	0.97	0.97	1.06	1.26	0.90	1.14	1.07
Crude birth-rate per 1,000 population	16.60	15.9	15.63	17.93	16.1	13.8	19.1	15.7
Birth-rate as adjusted by factor . .	15.94	16.0	15.47	17.39	15.2	13.7	19.1	15.1
Crude death-rate per 1,000 population	10.63	14.2	11.58	11.25	8.5	11.6	10.9	11.7
Death-rate as adjusted by factor	11.91	13.8	11.23	11.93	10.7	10.5	12.4	12.5
Infantile mortality rate per 1,000 live births	26.12	37.0	21.89	26.92	33.4	21.0	35.2	32.90
Neo-natal mortality rate per 1,000 live births	18.04	24.5	15.12	15.82	24.7	14.0	21.7	22.90
Stillbirth rate per 1,000 total births	23.46	19.5	17.82	21.90	19.8	23.3	27.3	20.62
Maternal mortality rate per 1,000 total births	0.58	0.21	0.99	0.00	0.47	0.85	1.36	0.62
Tuberculosis rate per 1,000 population :								
(*a*) Primary notifications								
Respiratory	1.11	1.06	1.135	1.334	1.7	0.76	1.16	0.83
Non-respiratory . .	0.13	0.19	0.101	0.162	0.14	0.08	0.14	0.18
(*b*) Deaths								
Respiratory	0.24	0.14	0.209	0.29	0.15	0.12	0.25	0.22
Non-respiratory . .	0.01	0.03	0.027	0.028	0.02	0.00	0.04	0.02
Death-rates per 1,000 population from :								
*Cancer (all forms)	2.00	2.3	1.887	1.97	1.66	2.16	1.84	1.91
Typhoid and Paratyphoid Fever	0.00	—	—	—	—	—	—	—
Meningococcal Infections . .	0.01	0.007	0.002	0.008	—	0.00	—	0.00
Scarlet Fever	—	—	—	0.004	—	—	—	—
Whooping Cough	0.01	0.007	0.004	0,008	0.015	—	0.01	0.00
Diphtheria	—	—	—	—	—	—	—	—
Influenza	0.15	0.132	0.162	0.11	0.095	0.32	0.15	0.11
Measles	0.02	—	0.004	0.01	—	0.00	0.00	0.00
Acute Poliomyelitis and Encephalitis	0.00	0.01	0.011	0.004	0.004	0.00	0.01	0.00
Acute Infectious Encephalitis . .	0.01	—	0.002	—	—	—	—	0.00
Smallpox	—	—	—	—	—	—	—	0.00
Diarrhœa (under two years) . .	0.02	0.007	0.007	0.036	0.019	0.016	0.02	0.03
Diarrhœa (under two years) (per 1,000 live births) . .	1.08	0.438	0.43	2.03	1.18	1.16	1.2	1.64

*Including Leukæmia and Aleukæmia.

TABLE 3

ates, Zymotic Death-rates, Infant and Maternal
f England and Wales for 1953

Leicester	Liverpool	Manchester	Newcastle upon Tyne	Nottingham	Plymouth	Portsmouth	Salford	Sheffield	Southampton	Stoke-on-Trent	Sunderland
286,500	789,700	701,800	289,700	311,500	221,400	245,800	173,900	507,600	177,100	273,700	181,550
0.98	0.96	0.95	0.97	0.97	1.05	1.05	0.95	0.99	0.99	0.96	1.01
1.01	1.19	1.11	1.09	1.08	1.06	1.04	1.14	1.07	1.02	1.21	1.13
16.04	20.3	17.41	17.06	16.64	16.45	15.21	17.05	13.90	16.01	16.45	19.5
15.72	19.5	16.54	16.55	16.14	17.27	15.97	16.20	13.76	15.85	15.79	19.7
11.19	10.7	12.31	10.90	11.01	11.03	11.59	12.32	11.90	10.86	10.95	10.6
11.30	12.7	13.66	11.88	11.89	11.69	12.05	14.04	12.73	11.08	13.25	11.98
24.80	35.5	30.53	26.82	27.00	26.90	23.80	32.05	25.66	33.16	28.0	37.9
15.44	21.8	20.87	19.91	16.39	17.02	14.98	22.95	16.30	22.22	23.0	18.9
27.09	24.0	28.24	23.4	20.22	20.17	28.58	30.11	25.15	26.78	25.0	21.0
0.85	0.30	0.80	0.593	0.77	1.88	0.52	0.33	0.55	1.37	0.0	0.55
1.24	1.75	1.06	1.643	1.67	1.03	1.06	1.403	1.095	1.479	1.085	1.25
0.126	0.16	0.13	0.235	0.07	0.16	0.98	0.184	0.120	0.068	0.084	0.13
0.244	0.33	0.28	0.280	0.27	0.20	0.19	0.288	0.193	0.327	0.343	0.26
0.021	0.03	0.03	0.041	0.02	0.02	0.02	0.023	0.018	0.017	0.029	0.01
1.864	1.97	2.16	2.095	1.86	1.89	1.97	2.28	2.126	2.230	2.032	2.00
—	—	—	—	—	—	—	—	—	—	0.0037	0.00
0.014	0.01	0.01	0.003	0.01	0.02	0.01	0.011	0.006	0.006	0.0073	0.02
—	—	—	—	—	—	—	—	—	—	—	0.00
0.007	0.005	0.01	0.003	0.01	0.01	0.01	—	0.008	0.017	—	0.00
—	0.002	0.00	—	—	—	—	—	—	—	—	0.00
0.101	0.04	0.15	0.058	0.14	0.11	0.23	0.103	0.083	0.152	0.084	0.07
—	0.006	0.00	0.007	0.00	—	0.00	0.011	—	0.006	0.0037	0.01
0.0035	0.0038	—	—	0.01	0.02	0.01	0.006	0.006	0.006	—	0.01
0.0035	0.001	0.00	0.007	—	—	—	—	—	—	—	0.00
—	—	—	—	—	—	—	—	—	—	—	0.00
0.014	0.03	0.01	0.014	0.02	0.00	0.02	0.029	0.022	0.040	0.011	0.03
0.870	1.7	0.74	0.813	1.35	0.54	1.60	1.69	1.559	2.469	0.666	1.7

TABLE 4

MUNICIPAL WARDS. VITAL STATISTICS, 1953

	DEATHS					Infant Mortality per 1,000 live births	Births (corrected)
	0 to 1 year	1 to 5 years	5 to 65 years	Over 65 years	Total all ages		
1. St. Margaret's . .	7	2	61	130	200	24.7	283
2. Latimer . .	7	1	69	156	233	26.5	264
3. Charnwood . .	5	2	67	142	216	22.2	225
4. Spinney Hill . .	5	1	51	145	202	26.6	188
5. Wycliffe . .	13	1	63	119	196	48.7	267
6. Castle . .	4	1	49	106	160	20.0	200
7. Westcotes . .	8	1	66	179	254	28.4	282
8. Newton . .	6	2	63	102	173	14.4	418
9. Abbey . .	10	2	55	112	179	37.3	268
10. Belgrave . .	7	3	48	138	196	23.6	297
11. Humberstone . .	1	1	86	187	275	3.0	336
12. Evington . .	9	—	41	82	132	38.6	233
13. Knighton . .	5	—	70	156	231	23.5	213
14. De Montfort . .	7	—	45	103	155	24.2	289
15. Aylestone . .	8	3	65	131	207	23.5	340
16. North Braunstone . .	12	1	83	101	197	36.5	329

(Local Figures)

TABLE 5

Showing the number of Deaths from certain Infectious Diseases in the Fifteen Years 1939-1953

Disease	1939	1940	1941	1942	1943	1944	1945	1946	1947	1948	1949	1950	1951	1952	1953
Measles	1	10	1	2	1	0	5	1	5	0	1	3	2	2	0
Scarlet Fever	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Diphtheria	23	50	20	8	3	6	1	1	0	1	0	0	1	0	0
Whooping Cough	12	2	12	1	7	4	2	3	2	1	5	3	2	2	2
Diarrhœa } Under two Enteritis } years of age	25	11	28	45	25	25	43	76	83	19	6	7	5	5	4
Influenza	37	86	32	26	92	16	20	26	9	4	16	4	117	7	29
Puerperal Fever	0	2	1	4	4	3	1	1	0	0	3	3	0	0	0
Cerebro-Spinal Fever	3	10	10	9	4	1	2	4	2	3	1	2	2	0	4
Poliomyelitis	0	0	1	1	0	0	0	0	1	0	3	4	1	0	1
Encephalitis Lethargica	2	4	2	3	0	1	2	1	6	4	4	1	0	0	1
Pneumonia	138	207	168	109	133	112	147	148	146	93	128	99	137	114	128

TABLE 6. DEATHS FROM CANCER, 1953
(TOTAL 527)

(Calculated locally)

Tabulated as to Age, Sex and Organ Affected, in accordance with local classification

Organ Affected	Under 35 years		35-65 years		Over 65 years		All Ages	
	M.	F.	M.	F.	M.	F.	M.	F.
Lip	—	—	—	—	—	—	—	—
Tongue	—	—	—	1	—	—	—	1
Jaw	—	—	—	1	—	1	—	2
Mouth	—	—	—	—	2	—	2	—
Larynx	—	—	1	1	4	1	5	2
Oesophagus ..	—	—	1	2	6	5	7	7
Stomach	1	1	15	9	18	26	34	36
Intestines	—	—	—	—	—	—	—	—
Colon	1	—	9	12	12	23	22	35
Rectum	1	1	4	7	14	12	19	20
Liver	—	—	2	5	1	6	3	11
Pancreas	—	—	2	1	4	7	6	8
Spleen	—	—	—	—	—	—	—	—
Lungs	1	—	46	6	27	8	74	14
Kidney	—	—	—	—	3	1	3	1
Bladder	—	—	5	1	9	5	14	6
Prostate	—	—	3	—	20	—	23	—
Testicle	—	—	—	—	—	—	—	—
Ovary	—	2	—	9	—	3	—	14
Uterus	—	1	—	14	—	10	—	25
Breast	—	—	—	32	—	26	—	58
Bones	1	—	2	—	—	1	3	1
Other Forms or not specified ..	4	1	18	20	8	20	30	41
Total ..	9	6	108	121	128	155	245	282

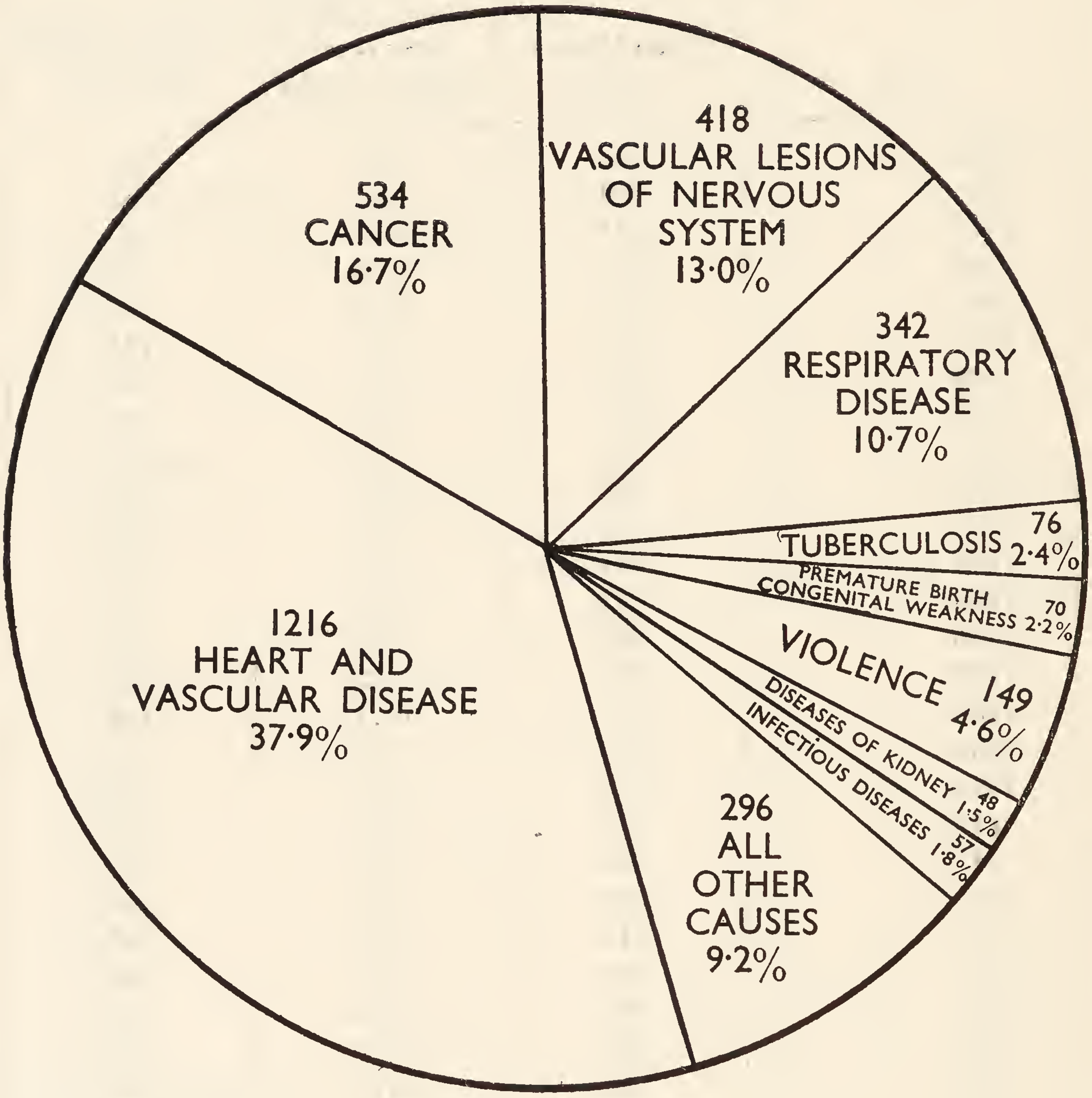
TABLE 7

CANCER STATISTICS, 1923-53
(Calculated locally)

Year	Total Cancer Deaths	Cancer Deaths —per cent. of Total Deaths	Cancer Death-rate per 100,000 Population
1923	274	9.8	114
1924	281	9.5	116
1925	318	10.1	131
1926	395	13.2	163
1927	324	10.6	132
1928	349	12.7	142
1929	357	10.4	145
1930	372	13.5	151
1931	357	11.9	148
1932	356	11.8	148
1933	367	11.9	152
1934	377	13.3	156
1935	384	12.9	150
1936	392	12.9	150
1937	366	11.2	139
1938	417	14.1	158
1939	423	14.0	161
1940	447	11.9	172
1941	471	14.5	177
1942	465	15.9	179
1943	487	15.0	191
1944	519	16.9	202
1945	496	15.9	193
1946	504	15.3	187
1947	492	14.7	178
1948	526	17.4	188
1949	509	15.5	180
1950	561	16.9	195
1951	579	16.4	203
1952	593	18.2	207
1953	527	16.4	184

PROPORTION OF DEATHS FROM PRINCIPAL CAUSES, 1953

TOTAL DEATHS, 3,206



SECTION B

Miscellaneous Health Services

In this Section I propose, as I did last year, to include reports on certain sections of the work of the Health and other Departments which do not easily fit into any Appendix.

These are the reports on :

(*a*) Water Supplies

(*b*) Cremation

(*c*) City Ambulance Service

(*d*) Mental Health Service

(*e*) Home Nursing

(*f*) Care and After-Care, including Health Education

(*g*) Venereal Disease

(*h*) Section 47, National Assistance Act

(*i*) Children neglected in their own homes

(*j*) Housing Matters

(*k*) Blind Persons

(*l*) Epileptics and Spastics

WATER SUPPLIES

I am indebted to Mr. H. Wallhouse, A.M.I.C.E., M.I.W.E., Water Engineer, for the report on the work of his Department during 1953.

Mr. Wallhouse reports as follows :

"(1) The water supply in the Statutory Area has been of good quality and adequate in quantity.

"(2) Samples taken from the local reservoirs have been analysed by the City Analyst—both bacteriologically and chemically—and his reports have been satisfactory. Details of this work are given by the Analyst himself in his section of the Report. It is, therefore, only necessary for me to say that he approved all the samples submitted of chlorinated water as of good potable quality and all filtrated samples as satisfactory, if subjected to chlorination treatment.

"(3) Apart from the analyses made of the raw waters, analyses have also been made—regularly and at random—of samples taken from within the area, by both Health Department and Water Department officers. Again, the Analyst has reported favourably.

"(4) There are approximately 127,347 houses in the Area of Supply. Of these, it is estimated that 2,000 are supplied through communal taps fixed in yards. The population supplied is estimated to be 422,500. This has been based on the 1951 Census."

CREMATION

I am indebted to Mr. E. H. Marsh, Superintendent Registrar, for the following information, which is extracted from his Annual Report.

"The practice of cremation in Leicester commenced in the year 1902, at a time when only seven other cremation authorities were operating in Great Britain, viz.—Woking, Manchester, Glasgow, Liverpool, Hull, Darlington, and Golders Green.

"There are now 68 Crematoria in operation in Great Britain.

"Leicester's progress was very slow at first, but for the year under review, I am again pleased to report substantial progress, the total number of cremations being 1,330, an increase of 114 on the previous year.

"Propaganda has been continued during the year in the form of lectures to members of various organisations and visits to the Crematorium during the evenings of the summer months.

Year	No. of Cremations
1945	378
1946	471
1947	578
1948	561
1949	805
1950	946
1951	1138
1952	1216
1953	1330"

CITY AMBULANCE SERVICE

(Mr. J. E. OSWELL, F.I.C.A.P.)
Chief Ambulance Officer.

During the year the staff have settled down in the new ambulance station, responding to the excellent conditions and facilities, and the vehicles have been kept in better repair and benefited from improved servicing. Numerous visitors from among the general public, local associations, representatives of other local authorities and some from overseas have been shown over the station and been impressed by the facilities provided and the completeness of the equipment.

The work of the Service showed a small increase of patients (7,300 more) and mileage (26,400) compared with 1952, and for the first time in any year calls were over 100,000 and mileage over 400,000. The increases were very much less than in the years shortly after 1948 when the Service was started, the demand showing some signs of levelling off, although calls will probably increase a little in the next few years. The average miles per call including children taken to the Occupation Centre was 3.9, the same as in 1952. The inclusion of these children reduces the miles per call figure, as up to 20-25 are carried at one time, and excluding them from the calculation gives a miles per call figure of 4.7 in 1953 and about the same in 1952—4.6.

The following table gives the total calls and road mileage for each year since 1948.

	Calls						Mileage by Road					
	1948	1949	1950	1951	1952	1953	1948	1949	1950	1951	1952	1953
City Ambulance Service . .	28,161	55,651	83,682	90,882	97,198	104,492	147,765	287,941	367,768	366,982	376,012	403,703
Leicester and County Convalescent Homes Society . .	†8,322	11,603	*1,897	nil	nil	nil	†44,888	84,310	*12,202	nil	nil	nil
St. John Ambulance Committee	178	609	2,351	4,418	1,677	1,676	4,217	11,599	8,511	10,665	6,798	5,491
Totals	36,661	67,863	87,930	95,300	98,875	106,168	196,870	383,850	388,481	377,647	382,810	409,194

*Denotes three months only. †Denotes six months only.

The next table gives the figures for the different types of work for 1953 and 1952. The main increases were in "out-patients", "admissions and transfers", "discharges and convalescence", "road accidents", "gas and air" and "children to the Occupation Centre". There was a reduction in "transport calls". The first three increases are due to increased hospital work, the road accidents to a large and regrettable increase in road accidents and the children to Occupation Centre to more children attending the Centre.

Work carried out during 1953 in comparison with 1952

		Total Calls, 1953	Total Calls, 1952	Increase of 1953 over 1952	Decrease of 1953 from 1952
Out-patients		51,885	50,324	1,561	—
Admissions and Transfers		10,018	9,384	634	—
Discharges and Convalescence		10,599	9,253	1,346	—
Maternity		1,882	1,907	—	25
Mental		181	166	15	—
Dead on Arrival . .		278	184	94	—
Infectious		228	261	—	33
Accidents (Road) . .		696	573	123	—
Accidents (Other) . .		1,334	1,320	14	—
Gas and Air		3,738	3,398	340	—
Transport		1,390	1,615	—	225
Premature Cot		34	28	6	—
Abortive		1,383	1,338	45	—
Other Authorities . .		154	155	—	1
Chargeable Transport . .		129	181	—	52
Total calls	Excluding Children to Occupation Centre	83,929	80,087	3,842	—
Total mileage by road		391,509	371,681	19,828	—
Average miles per call		4.7	4.6	.1	—
Patients conveyed by train		65	103	—	38
Number of miles travelled by train		12,862	14,628	—	1,766
Average miles per patient by train		197.9	142	—	—
Children to the Occupation Centre		22,239	18,788	3,451	—
Mileage travelled . .		17,685	11,129	6,556	—
Average miles per child . .		0.8	0.6	0.20	—
Total calls		106,168	98,875	7,293	—
Total mileage by road . .		409,194	382,810	26,384	—
Average miles per call . .		3.9	3.9	—	—

Abortive Calls (e.g. where a mistake has been made in the date of appointment or the patient made own way, or a malicious emergency call) have decreased considerably during the year mainly through good co-operation with the main hospitals, and it is pleasing to report that there is now very little abuse of the Service.

Transport of Milk to the Human Breast Milk Bank

During the year the Ambulance Service has helped the Breast Milk Bank at Bond Street Maternity Hospital by providing a vehicle and driver for collecting milk from mothers living at home and taking it to the Hospital.

Medical Practitioners' Telephone Service

This scheme was started in October, 1953, at the request of the Local Medical Committee.

The medical practitioners who come into the scheme make their own arrangements for another doctor to do their work when they are absent from duty. Details of these arrangements are given to the City Ambulance Service, where an index card for each doctor is kept in the Control Room. When a doctor leaves his house unattended he telephones the Ambulance Station, giving the telephonist there details of his deputising arrangements for the time he will be away, or perhaps a telephone number where he will be personally available. When a patient, relative or messenger telephones a doctor's house and does not obtain a reply, he rings the Ambulance Service and is told who is acting for the doctor. He then makes direct contact with the deputy.

At present about half the general practitioners have come into the scheme.

The Local Medical Committee has provided the card index system, the cards issued to the doctors to give to their patients informing them of the arrangements, and the information bills to be placed in the doctors' surgeries.

Groby Road Bus Accident

On Saturday, 3rd October, 1953, a message was received at two o'clock in the afternoon that a double-decker Midland Red bus had overturned on Groby Road. All available staff and vehicles were despatched to the scene of the incident, the first ambulance arriving within five minutes of receiving the call. Thirty-nine minutes later all patients had been admitted to the Leicester Royal Infirmary. The casualties numbered 52, of whom only four were detained in hospital. One death resulted, the others receiving small fractures, cuts from glass and, in two cases, petrol in the eyes.

Considering the nature of the accident it is amazing that the injuries were not more serious.

During the same afternoon, the service dealt with ten other accidents (suicides and road accidents), and although strained to its limits, all these were attended to in a matter of minutes.

Two County ambulances helped with this accident (Groby Road), and their freely-given assistance was much appreciated.

Wireless

Towards the end of the year, it was agreed in principle to the installation of a two-way radio system for better control of the Ambulance Service and to accept the offer of Pye Telecommunications Ltd. to fit radio telephony in ambulances for a free trial period of three months. The trial had not begun in the period covered by this report. It is hoped that radio control will improve the efficiency of the Service, particularly when dealing with accidents,and save mileage. Possibly the economies will equal the cost of the equipment.

Civil Defence

Training of both part-time Civil Defence volunteers and full-time ambulance personnel continued during the year. By the end of the year 69 volunteers had completed basic training and had been transferred to the Ambulance Service for Section Training. Two courses of Section Training were given during the year, and 43 have now completed Section Training.

Vehicle Strength

The present vehicle strength is as follows :

17 Ambulances
1 Sitting Case Ambulance
8 Sitting Case Cars
1 Service Van
5 Civil Defence Ambulances
1 Mental Health Department (32-Seater) Coach
—
33
—

As the vehicles become older more repairs have to be carried out. The mechanics are also responsible for the repair of other Health Department vehicles and for those of the Home Nursing Service, which recently obtained more Cyclemasters, adding to their work.

Sitting-Case Car Ambulances

In November the Committee decided to standardise on Bedford 1507 c.c. sitting-case car ambulances with a coach-built body made by Messrs. Levers Garages Ltd., Farnworth, Lancs, seating eight sitting patients or four sitting patients and one stretcher patient. Initially, one of these vehicles was ordered, and if satisfactory in use, others will be bought, four Bedfords replacing six Ford Pilots which are to be sold, and one Austin already sold. It is thought they will be cheaper to run than the cars they replace, carrying more patients and using less petrol.

Personnel

	Present Strength	*Establishment*
Station Officers	2	3
Male Driver/Attendants	57	59
Female Attendants	10	10
Mechanics	4	4
Telephonist	1	1
Canteen Assistant	1	1
Clerks	2	2
Typist	1	1
Boiler-Handyman	1	1
	79	82

To conclude, it is gratifying to report that there was only a slight increase in calls and mileage, both increases being very much less than those of the early years of the Service. The miles per call remained about the same as last year.

J. E. OSWELL, F.I.C.A.P.,

Chief Ambulance Officer.

MENTAL HEALTH SERVICE

(Mr. S. A. GOODACRE, Mental Health Officer)

(i). Administration

(*a*) *Constitution of Meetings of the Mental Health Sub-Committee*

The Mental Health Sub-Committee consists of 11 members of the Local Health Authority, with the addition of two co-opted members, one of whom is the Medical Superintendent of the Towers Mental Hospital.

The Committee meetings are scheduled for the first Wednesday of each month and recommendations are reported for confirmation to the Health Committee.

(*b*) *Staff*

The Medical Officer of Health is directly responsible for the administration of the Service and he has, in addition, the part-time service of a Medical Officer experienced in mental deficiency work, whose main duties concern the ascertainment of defectives and the periodic examination of pupils attending at the Occupation Centre.

Staff at Charles Street

At the commencement of the year the staff of the Department at Charles Street consisted of the Mental Health Officer, the Deputy Mental Health Officer, a Psychiatric Social Worker and three Mental Health Visitors. During the year, added responsibilities in the mental deficiency field were passed to the Department, and this necessitated the appointment of an additional Mental Health Visitor. Assistance with the clerical work and administration was provided by one shorthand typist and one junior clerk/typist. Both the shorthand typist and the junior clerk/typist left the Department during the year and were replaced by two clerk/typists.

The Mental Health Officer is responsible for the day-to-day administration of the Department, including the organisation and management of the Occupation Centre, and the co-ordination of the many and varied duties performed by the officers in the Department. In this he is assisted by the Deputy Mental Health Officer, and both are designated to enable them to act as Duly Authorised Officer and Mental Health Visitor under the Lunacy and Mental Treatment Acts, and Petitioning Officer under the Mental Deficiency Acts.

The Psychiatric Social Worker deals particularly with problem cases which, in many cases either prevents the need for hospital care, or assists rehabilitation by providing after-care.

For the purpose of Community Care of the mentally ill and the supervision and care of the mental defectives, other than those needing the more special attention of the Psychiatric Social Worker, the city is divided into five areas, the Deputy Mental Health Officer and the four Mental Health Visitors each being responsible for an area, within which they deal with all forms of supervision, care and after-care. With the exception of one of the Mental Health Visitors, who is a woman, all are designated as Duly Authorised Officers under the Lunacy and Mental Treatment Acts. All five area officers are authorised to present Petitions and to perform all duties under the Mental Deficiency Acts. A 24-hour day service is provided for mental health emergencies, and a duty rota is maintained, sharing responsibility for this between the Mental Health Officer, his Deputy and the three male Mental Health Visitors. The details of this rota are passed to the City Ambulance Service, which Department co-operates by promptly supplying the enquirer with the name, address and telephone number of the duty Mental Health Officer during nights, week-ends, bank holidays, etc., and this system has proved itself to be very satisfactory.

No academic qualifications are held which specially qualify the Mental Health Visitors as such. Training schemes, specially for Duly Authorised Officers or Mental Health Visitors, do not at present exist which could provide such officers with academic qualifications. Training schemes are being planned by their appropriate vocational associations and it is possible that qualifications will be available in the near future. In the meantime, the area group of the Mental Health Workers' Association frequently arranges lectures, instructive talks, and hospital visits, and the keenness of the staff is such that no opportunities are lost to improve their knowledge of work in the mental health field. The recently-formed Midland Mental Deficiency Society has acquired members from this Department, and the monthly meetings of this Society have been extremely valuable in providing similar educational facilities.

Staff at the Occupation Centre

The staff at the Occupation Centre was supplemented by an additional Assistant Supervisor in early September because of the increased number of children attending.

At the end of the year the staff consisted of Mrs. M. V. Taylor (N.A.M.H. Diploma), one Assistant Supervisor, who has taken a course of training provided by the National Association of Mental Health, and three Assistant Supervisors (unqualified). All these training staff have had previous experience in the nursing, care and training of mentally handicapped children.

Two cooks (one part-time assistant) are also employed.

(*c*) *Co-ordination with Regional Hospital Board and Hospital Management Committee*

Three members of the Mental Health Services Sub-Committee are members of the Hospital Management Committee concerned with the hospitalisation of the mentally ill and mentally deficient persons in the area. The Deputy Medical Officer of Health is a member of the Sub-Committee that deals more particularly with Mental Deficiency.

The Medical Superintendent at the Mental Deficiency Institution readily acts in an advisory capacity on problems bordering and within the Mental Deficiency field. Clinics are held at the Mental Health Offices in Charles Street, visits made to the homes where necessary, and parents and their children are seen. The mental Health Officer and Visitors find helpful advice readily forthcoming from this source. There are cases when doubt arises when ascertaining a mental defective and the Medical Superintendent is always ready to arbitrate and give expert knowledge when and where desired.

The Medical Superintendent of the Towers Hospital, already mentioned as a member of this Department's Sub-Committee, is also accessible, as are the Consultant Psychiatrists and medical staff of the Mental Hospital, to advise on problems arising in the field of mental illness. A weekly case conference is held at the Towers Hospital to which this Department's Officers have access.

Overlapping of the Hospital Social Workers and the visitors from this Department is reduced to a minimum because of the close co-operation maintained. The tendency is always to remove the demarcation line of the respective fields and co-ordinate the work to a common aim.

The whole of the responsibility for Community Care and After-Care of the mentally ill and the mentally deficient is shared between the Officers of the Mental Health Department and the Social Workers of the Hospitals, and no duties are delegated to voluntary associations. Officers of the Department work closely with other social agencies, however, and a great deal of assistance is obtained from welfare workers of voluntary bodies.

The supervision of patients on trial from Mental Hospitals or on licence from Hospitals for Mental Defectives was, in the main, carried out by Officers of the Hospital Management Committee for the first nine months of the year. After being approached by the Hospital Management Committee, it was agreed by the Mental Health Sub-Committee that responsibility for the supervision of all mental deficiency licence cases, including the renewal of Orders of patients on licence, and reports and supervision of patients on leave, should be assumed by the Mental Health Sub-Committee, and in the latter three months of the year the transfer of responsibility for such cases was in process.

(ii) **Account of work undertaken in the Community**

(*a*) *Under Section* 28, *National Health Service Act*, 1946.
Prevention, Care and After-Care

In the initial stages of referral, the whole of the domiciliary work of the Department is carried out under this Section.

A total number of 1,084 persons were dealt with during 1953 who were either suffering, or alleged to be suffering from mental illness or mental defectiveness. 436 of these are explained more particularly in the section of this report which relates to Mental Treatment. 648 are analysed in the section concerning Mental Deficiency. This is an increase compared with last year ; the figures then were 993, 398, 595.

(*b*) *Lunacy and Mental Treatment*

On 1st January, 1953, there were 88 persons receiving help and advice, either as observation or after-care cases. During the year a further 348 persons were referred, making a total of 436 persons who were dealt with. Of this total, 191 were admitted to hospital :

	1953	1952	1951	1950
Summary Reception Order (Lunacy Act, 1890, Sections 14, 15 and 16) ..	145	146	129	114
Urgency Order (Lunacy Act, 1890, Section 11)	13	17	15	14
Three-day Order (Lunacy Act, 1890, Section 20)	14	5	—	—
Voluntary (Mental Treatment Act, 1930, Section 1)	15	18	16	11
Temporary (Mental Treatment Act, 1930, Section 5)	4	3	4	8
	191	189	164	147

For the first nine months of the year the admissions showed a continued increase proportionately similar to that shown over the past few years. At the end of the summer, however, the bed/nursing shortage at the Towers Mental Hospital became so acute a problem that admissions had to be essentially restricted to the more necessitous cases. This would seem to have effectively reduced the total of admissions during 1953 to only a slightly higher number than those similarly dealt with during 1952.

Of those admitted in accordance with Sections 14, 15 and 16 of the Lunacy Act, 1890 (by Summary Reception Order or Certified patients), 59 of them were of pensionable age. Certification of such mentally infirm aged persons is always avoided whenever possible, and the admissions then were only made when all alternative methods of providing for them had been fully investigated and found inadequate.

There were fewer admissions under Urgency Orders, which may be accounted for by the increased use of Section 20. Expediency is one of the factors justifying the use of either section, but whereas an Urgency Order remains in force for seven days after its date, Section 20 action limits the detention to a maximum of three days, but may, where necessary, be further extended by an additional period of 14 days. There are numerous factors which must be taken into account before the more suitable instrument of admission is decided, but it is thought that in the main, the advantages of Section 20 are in the interests of the patients themselves.

The number of voluntary patients admitted may be considered to be surprisingly small, but to arrive at the true figure of those admitted to the Towers Mental Hospital under this section of the Mental Treatment Act, one would need to add 313. The majority of such admissions are effected by the patients presenting themselves at the Hospital alone or with a relative, when they are not accompanied by a Mental Health Officer. Some seek admission because of advice given to them by Officers of the Department, but no record is maintained of fully co-operative would-be patients, and such admissions and discharges are not notified to the Department by the Towers Mental Hospital.

Community Care

Being dealt with by observation or after-care on January 1st, 1953	88
Referred during year and under after-care on December 31st, 1953	103
Referred during year, satisfactory cases, allowed to lapse ..	23
Referred during year, referred to Welfare Department ..	10
Referred during year, no further action proposed ..	21
	245

Public awareness and recognition of the need for early advice and treatment has caused an increase in the number of problems being referred to the Department, usually in instances where mental illness is suspect as the root cause of difficult behaviour. Over a year ago one office was converted into an interviewing room for such consultations, and it is now sometimes found to be inadequate to deal properly with the number of visitors to the Department. Such visitors, who are perhaps relatives or friends, or the patients themselves, often need hours rather than minutes to relieve their minds and unload their problems. This is in itself considered progressive, even though it tends to rob the officers of many hours which otherwise would be spent visiting the homes of those under supervision.

The increasing importance of the necessity of Community care was emphasised in the last three months of the year because of the restriction of admissions to hospital, which could only accommodate the more necessitous cases.

The majority of such cases are initially handled by the Psychiatric Social Worker, although the other officers in the Department deal with similar cases to a much lesser degree.

By the end of 1953 the total case load of the Psychiatric Social Worker stood at 191. This shows an increase of 103 cases over the figure given in the Annual Report for 1952.

Of the 103 cases:

The number referred by the Towers Hospital	40
The number referred by Mental Health Officers ..	12
The number referred by General Practitioners.. ..	10
The number referred by Probation Officers	3
The number referred by City Police and H.M. Prison ..	7
The number referred by relatives	7
The number referred by National Assistance Board ..	2
The number referred by City Welfare Department ..	5
The number referred by miscellaneous sources ..	5
Help requested by individuals themselves	12
	103

Of the new cases:

46 had been patients in Mental Hospitals at one time or other before their referral.

11 were admitted to a Mental Hospital after their referral to the Psychiatric Social Worker.

44 presented problems which could be dealt with without admission to hospital.

49 presented problems of mental illness of long duration, i.e., at least of more than three years.

27 presented problems of a milder type which at no time prevented the patient from continuing with his usual work.

25 home visits were made on the average, per week. The number of interviews at the office increased in the latter part of the year.

Educational activities were commenced in the summer, and altogether 13 lectures, in two instances accompanied by film shows, were given in the course of the year to various organisations, mainly women's groups. With some of these, closer contact was established for the purpose of interesting their members in visiting women in the care of the Department, who lived an isolated and socially unsatisfactory life.

The year saw an increase in the scope of the work. The growth of the case load, the branching out into the educational sphere, all contributed to make the service better known amongst the public, and the Social Services in particular. Co-operation grew, especially with Officers of the Children's Department and the newly-formed Family Service Unit.

The potentialities of a service of this kind were consistently brought to one's attention, although at this stage the actual achievements lagged far behind. It can only be hoped that in future some of the difficulties which have stood in the way of its fulfilling its promise can be overcome.

(*c*) *Under Mental Deficiency Acts*, 1913-1938

Analysis of cases dealt with during the year :

	Cases on Jan. 1st, 1953	*During Year*		*Cases on Dec. 31st,* 1953
		Additions	*Removals*	
Statutory Supervision ..	419	58	37	440
Voluntary Supervision ..	97	2	13	86
After-care and miscellaneous cases	43	21	22	42
Licence	2	5	1	6
Guardianship	1	—	—	1
Total (1953)	562	86	73	575
(1952)	(537)	(47)	(22)	(562)
(1951)	(491)	(77)	(31)	(537)

Of the cases referred during the year, 56 were from the Local Education Authority; 40 of those concerned ineducable children excluded from the provisions of the Education Act, and 16 were considered likely to require supervision after leaving school. Other sources of referral were from parents and various social agencies, three were from the police or by the Courts.

Of those cases removed from supervision during the year, 20 were admitted to Mental Deficiency Hospitals, 22 removed from the area of this Authority. There were six deaths. Five voluntary cases were removed because of action which caused them to be transferred to Statutory Supervision. The removal of the remainder was the result of a clearance from the live supervision register of those cases which had, at some time or other, during the past few years, changed their address without notifying the Department. In these cases efforts were made over the years to trace them, but it is considered erroneous to continue to include such cases amongst those receiving active supervision and care in the community. Efforts to trace them have not been altogether abandoned, and they will be restored to the active supervision register, if and when, they are traced. Seven of the miscellaneous cases removed concerned supervision which was carried out on behalf of other authorities, and these seven cases have since returned to their own area.

Waiting List for Hospital Care

When the year commenced there were 23 names on the waiting list for Mental Deficiency Hospital care. Because it is the policy of the Department to include only those cases where there is some real urgency of need, there are many additions and removals during 12 months as the degree of urgency lessens or increases. The net result of 1953 was the addition of 16 names to the list. A name is not included on this waiting list where the care and control in the home is considered reasonable, or where opposition is likely to arise if hospital care were proposed. Vacancies were obtained, and admissions secured during the year concerning 14 of those whose names were on the waiting list, and there were 25 cases awaiting vacancies on December 31st, 1953.

Training

The Occupation Centre remains housed in the premises leased from the Trustees of the Fosse Road Methodist Church, and provides not only for the training of children excluded from school, but also has to serve as a Handicraft Centre for pupils over the age of 16 years. The training is especially suitable for these pupils and considerable benefit is gained by their attendance.

Periodic examinations of the pupils are made by a Medical Officer and emergency dental treatment is arranged. The School Health Service are always ready to be helpful and will see the children at the School Clinic. A weekly visit is made to the Centre by a Health Visitor and every effort is made to ensure that the children have as much care and attention as is necessary. The Centre is open during Primary School days and administratively follows, as closely as possible, the school arrangements made for normal children. The pupils attending are given a mid-morning beverage, usually one-third pint of milk, and the main midday meal is provided, for which a part charge of 6d. a day per pupil is made. Transport of the children to and from the Centre is provided by the Mental Health Department's own two vehicles, one a 32-seater coach, and the other a converted ambulance which seats 18 pupils, and both of these vehicles are adapted to suit their special needs. Each vehicle does two inward and two outward journeys each school day. These vehicles are staffed by the City Ambulance personnel and they are serviced at the Ambulance Station.

Attendance

The number of pupils on the register in January, 1950 = 30
,, ,, ,, ,, ,, 1951 = 51
,, ,, ,, ,, ,, 1952 = 64
,, ,, ,, ,, ,, 1953 = 73
,, ,, ,, ,, December, 1953 = 84

There were no serious epidemics affecting the children, and during the year there were 11,937 actual attendances out of a possible maximum of 15,392, resulting in an average of 77.5%.

As may be seen from the attendance figures, the number of children on the register continues to increase, and it is now an overcrowded establishment that is having to adjust the curriculum because of the larger-sized classes and the multiplication of the problems which arise in the training of these children. There is no reason to think that the increasing numbers will level out, and it is thought that with the provision of adequate premises, we have sufficient in the community to build up the attendance register to more than 120 pupils.

HOME NURSING SERVICE
(LEICESTER DISTRICT NURSING ASSOCIATION)

In submitting Miss A. Ratcliffe's report for the year 1953, I think it is fitting that I should refer to the change in administration of the Service that took place at the end of the year under review.

The Committee of Management which had acted as agents for the City Corporation since July, 1948, laid down their duties on the 31st December, 1953, and the responsibility for oversight of the work from the 1st January, 1954, devolved upon the City Health Committee. Thus came about a complete break in a tradition that had done wonderful service for the people of Leicester for many years.

The District Nursing Association first commenced to serve the City in 1867, and now after this long period of devoted service, the work has passed under the control of the official City Health Service. Leicester indeed owes a great debt of gratitude to those men and women who gave unstintedly of their best. It is for us who are now responsible to see that the work so well done in the past, continues equally so in the future.

I would like also to refer with thanks to Miss Richardson, who, after 27 years' service, retired from her post as Superintendent of the Central Home, New Walk—a great life of devoted service. She carries with her our best wishes for a happy retirement.

I am indebted to Miss A. Ratcliffe, Senior Superintendent of Home Nursing, for the following Report for 1953 :

Staff

On 31st December, 1953, the staff consisted of 39 full-time nurses (including Administrative Staff) and 19 part-time nurses.

Training

During the year 14 students completed Queen's District Nurse training, eight for our own staff and six for other authorities. All successfully passed the Queen's Roll Examination.

Appointments

Miss E. O. Ashton, S.R.N., S.C.M., H.V., Training Home Superintendent	Appointed 1.7.53
Miss E. M. Kelly, S.R.N., S.C.M., H.V., Superintendent, Belgrave Home	Appointed 1.8.53
Miss F. G. Markwell, S.R.N., S.C.M., H.V., Superintendent, West End Home	Appointed 1.11.53

Retirement

Miss E. Richardson, S.R.N., S.C.M., retired on 30th June, 1953, after 27 years' service with the Leicester District Nursing Association.

General Arrangements of the Service

The Home Nursing Service is administered by the Leicester District Nursing Association Committee of Management, acting as Agents for the City Council. This arrangement will cease to be effective on 31st December, 1953, after which date the Council will be directly responsible for the Service.

A Senior Superintendent is responsible for the nursing administration and a Secretary for the clerical administration.

There were five homes in different parts of the City, one of which is a training centre for Queen's District Nurses, but in March, 1953, the Humberstone Home was closed because of the decrease in the number of resident nurses, the nursing work being divided between the remaining four homes.

The establishment is :

1	Senior Superintendent of Home Nursing
1	Training Home Superintendent
2	Home Superintendents
1	Training Home Assistant Superintendent
1	Senior Nurse in charge of Small Home
31	Queen's or District Nurses
8	Student Queen's Nurses
45	Total

Co-operation with General Practitioners

Co-operation with general practitioners remains good ; direct contact is made with the Home Superintendent and nursing staff. Cases are telephoned to the respective home by the doctor, or messages are sent on special forms supplied by the Nursing Association.

Liaison with Hospitals

Specially printed forms are supplied by the Nursing Association to all hospitals for use when a patient is discharged. Liaison is fairly good, but more use could be made of the Home Nursing Service by transferring patients from the wards, out-patients and casualty departments for home nursing. This would help to release hospital beds for more serious cases and relieve congestion of out-patient and casualty departments.

Senior Superintendent gives talks on the Home Nursing Service to students at one of the nurse training schools.

All hospitals and general practitioners are advised of any change in the arrangement of the Service.

Night Nursing Service

None at the present, but provision will be made in any future development plan.

Present service is from 8.30 a.m. to 10.30 p.m.

Refresher Courses

One member attended a Refresher Course at Roffey Park, Horsham.

All staff are encouraged to apply every five years and applications are favourably received.

Health Visitor Training Course, Leicester

One member of the staff was granted a bursary, and six months' leave of absence to take this course which commenced September, 1953.

Training Facilities

One Training Centre approved by the Queen's Institute of District Nursing. Two courses are held annually, many of the lectures being combined with the Health Visitor Students' Course.

Nursing Appliances

These are loaned to patients, delivered and collected free of charge. Other applications for appliances are directed to the British Red Cross Society or the Charity Organisation Society.

Number of appliances loaned in 1953—1,614.

Work

The number of cases nursed during 1953 was 8,985 and the total number of visits paid was 157,198. This is a total increase for the year of 1,004 cases and 20,612 visits.

Classification of Cases

	Cases	Visits
Medical	6,700	118,385
Surgical	1,816	25,935
Notifiable Diseases	42	285
Tuberculosis	346	11,588
Maternal Complications	81	1,005

Nursing Report

Details are given in the following Tables.

Nursing Report. January 1st to December 31st, 1953

Home	Number of Patients		Number of Visits		Average Staff*		Hours Worked	
	1953	1952	1953	1952	1953 FT. PT. on duty	1952 FT. PT. on duty	1953	1952
Central ..	3,336	3,110	59,339	51,711	13½ 1¾	12 1¼	31,949¾	26,828½
Belgrave ..	2,310	2,062	37,627	35,326	8½ 2	8 2½	17,934	18,794
West End ..	2,392	2,017	45,678	36,939	9 2¾	8 2½	23,226½	20,320½
Aylestone ..	947	792	14,554	12,610	3 ¾	3 ½	7,983	6,838
Total ..	8,985	7,981	157,198	136,586	34 7¼	31 6¾	81,093¼	72,781

*Part-time nurses shown as equivalent to whole time.

PRINCIPAL ILLNESSES NURSED

Home	A1	A2	B	C	D	E	F	G	H	I	Total
Central	126	304	4	115	71	16	403	588	1,415	294	3,336
Belgrave	85	193	3	67	28	29	258	302	1,204	141	2,310
West End	95	289	3	96	36	25	306	383	911	248	2,392
Aylestone	40	43	–	39	21	11	158	109	454	72	947
Total, 1953	346	829	10	317	156	81	1,125	1,382	3,984	755	8,985
Total, 1952	265	765	8	280	135	69	1,072	1,422	3,176	789	7,981

A1 Tuberculosis
A2 Pneumonia and other chest complaints
B Influenza
C Cancer
D Diabetes
E Complications of puerperium
F Dressings
G Chronic cases other than cancer
H Others
I Children under five

CARE AND AFTER-CARE, INCLUDING HEALTH EDUCATION

Sherwood Village Settlement

Three Leicester settlers were in this Settlement during the year (J.T.H., admitted November, 1951 ; L.S.C., admitted July, 1951, and C.A.G., admitted May, 1953). Unfortunately the last-named settler did not find it suited him and left in October, 1953.

Assistance to cases of Tuberculosis

The scheme for the provision of beds and bedding to necessitous cases of tuberculosis was continued and 70 such cases were helped during the year ; of these, 31 were new patients.

Free milk was supplied to 134 patients for varying periods during 1953 ; of these 113 were new and 21 were old patients.

Convalescence

1953

	Sent to :			
Number of applications	Roecliffe Manor	Hunstanton	Other Homes	No action
148 (137)	23 (24)	80 (62)	10 (8)	35 as follows : Refused to pay assessment .. 10 (18) Dealt with by Convalescent Homes Society 3 (5) Other reasons : Private arrangements, etc. .. 22 (20)

Health Education

Mr. E. W. Harris was appointed to fill the vacancy caused by Mr. Walker's resignation and took up his duties on the 5th January, 1953. He had had excellent experience as an officer of the Central Office of Information, and has proved a most acceptable member of the Departmental team.

I am indebted to him for the following report on his work during 1953 :

HEALTH EDUCATION

(Mr. E. W. HARRIS, Health Education Assistant)

Health Education can be given in many ways ; many have been tried, but I am quite certain that the most effective method is the showing of films. With all films of an educational nature, however, an introduction and a short talk to follow the film is essential to emphasise the important points.

I commenced my duties as Health Education Assistant almost a year ago, and after spending a short while on familiarising myself with the work of the Department, a list of available films on health subjects and of talks which could be given was prepared, and a copy sent to factories, societies, clubs and organisations, with a covering letter offering these services.

Requests for film shows and lectures soon began to come in and as the Autumn approached an average of three meetings per week was being provided.

An alternative to the film is the filmstrip. Several filmstrips have been purchased dealing with or describing the work of the various sections of the Health Services. One, "The Home Help Service" was made in Leicester by a professional firm, and copies have been purchased and used by other local authorities to show the work of the Home Help.

Films

During the year, 75 film shows were given to a total of 3,520 people, and at 23 of these shows the film on the Health Services of Leicester was shown. In addition, a continuous programme of films was shown at the Department's Stand at the Leicester Show. Films were shown to mothers visiting the Child Welfare Clinics during the Leicester Diphtheria Immunisation Campaign. Film shows were also given to the Student Health Visitors, Student Nursery Nurses and Home Help Preparation Course.

Lectures

Talks were given by doctors and the Superintendent Health Visitor at 11 meetings on "The Work of the Health Department", supported by the Health Services film.

41 lectures on other health subjects and the work of the individual sections of the Department were given by Sanitary Inspectors, Home Helps, Health Visitors, etc.

Health Services Film

This film has been included in programmes wherever possible, and has always received an excellent reception. When used as part of a film programme or in conjunction with talks on the "Work of the Health Services", remarks made invariably included praise for its helpful and useful nature.

Publicity

The "Dr. Fosse" cards were shown in the Corporation buses during the year, a fresh slogan being inserted every two weeks.

We continue to circulate the booklet *Better Health* monthly, and investigation shows that each copy has a wide circulation on reaching its destination.

Blotters illustrating "Dr. Fosse" and quoting topical health slogans were distributed during the last two quarters of the year.

Several factories have been visited and samples of posters and display sets shown to welfare officers, with a view to them being displayed in the factory.

A considerable number of people, mostly Club or Group Leaders, have visited my office to collect leaflets and posters, and students from the Domestic Science College have called to collect material and information on the work of the Department, particularly in the field of food hygiene.

Coronation Procession

Our part in the Procession in the City on Coronation Day consisted of twelve vehicles as follows :

1. "Dr. Fosse" (a local actor dressed for the part) was shown sitting at a desk in an office, giving slogans and advice over an amplifier. A "Signpost to Good Health" showing the various services provided by the Health Department pointed in the direction of the "Office".
2. Home Nursing Service. Showing a patient being attended by the District Nurse.
3. Municipal Midwifery Service. Showing a mother being attended by the midwife.
4. Health Visiting Service. (*a*) Mother being visited in her home. (*b*) The work in the Child Welfare Clinic.
5. Home Help Service. The Home Help at work in the home looking after a family.

6. Day Nursery Service. Children at play in a Day Nursery.
7. Stretcher bearer's handcart, 1853.
8. Horse-drawn ambulance, 1890.
9. Old time motor-driven ambulance, 1915.
10. Modern ambulance, 1953.
11. Modern ambulance with first-aid equipment, 1953.
12. Modern sitting-case car.

All the vehicles were manned by live figures (members of the Department), who voluntarily gave up their own time to take part.

The Leicester Show, August 5th-6th

The decision to exhibit at the Abbey Park Show came rather late. Consequently the site allocated was apart from the other exhibits, and there was no time to have an entry in the Show Handbook.

The materials used in the Stand were those that had formed part of the Coronation Procession, and small as it was, the exhibit dealing with food hygiene, fire dangers and general cleanliness attracted a fair share of the crowds. An ambulance was on show with the premature baby cot and other apparatus carried on the modern ambulance.

The biggest attraction was the films shown. A rear projection screen had been purchased which allows films to be shown in daylight. Three programmes of films on various health topics were prepared and between each show the audience was invited to see the exhibits on the Stand.

Courses

On the 20th April a one-day Course was held at the Leicester Technical College for members of the Leicester and District Pork Butchers' Association. Twenty-two members attended, representative of almost all the pork butchers in the City.

The aim of the Course was to inform the butchers of the results of Dr. Ross's investigation into the preparation of pressed meat products, and of his suggested method of preparing them in a clean manner, eliminating the dangers of food poisoning. Three films on food handling and coloured slides made from photographs taken in Leicester, giving good and bad methods of pressed meat preparation were shown, and Dr. Ross and Mr. Hiller lectured. The proposed method of preparation was welcomed by those present.

Clean Food Guild

During the year preparation was made for the forming of the Clean Food Guild. A fuller account is contained in the Sanitary Inspector's Report.

Diphtheria Immunisation Campaign, 14th September to 10th October

The incidence of diphtheria remains low, but sustained publicity is essential if parents are to be helped to realise that diphtheria is still a deadly threat, and to be persuaded to have their children immunised.

During the campaign all the local cinema managers were approached as to the possibility of a slide being shown on the screen and a display being arranged in the foyer. Fifteen cinema managers agreed to show the slides and eight agreed to have a display in the foyer.

All general practitioners and chemists were circularised with poster-cards. Supplies of leaflets, and poster-cards were sent to all welfare officers of factories for display.

All Health Department premises made a special display on this subject. The City Libraries had poster-cards on display, and the Food Office made a special feature of this subject.

The local newspapers gave press space for an article on the need for immunisation and showed an advertisement over the period.

Messrs. Lewis's Ltd. kindly offered one of their windows for a display of statistics, posters and materials appertaining to diphtheria immunisation.

The "Dr. Fosse" bus cards during the period dealt solely with diphtheria immunisation.

Dr. Fosse Guild

A monthly film/lecture dealing with health subjects was arranged to run during the winter season. The Dr. Fosse Guild Advisory Committee was formed, consisting of members of the Department and some of the ladies who had been members of the Leicester Personal Health Association. This Committee met to discuss the form of the meetings and the subjects which would be most useful to the public attending, and the programmes were decided as follows :

September . . "The Work of the Health Department"
Speaker : Dr. Ross, Deputy Medical Officer of Health

October ..	"Tuberculosis in Leicester" Speaker : Dr. Cuthbert, Chest Physician
November ..	"The Smoke Menace" Speaker: Mr. G. A. Hiller, Chief Sanitary Inspector
December ..	"The Care of the Mentally Retarded" Speaker : Dr. Valentine, Superintendent, Glenfrith Hospital

Although the lectures and films were good, the numbers attending were disappointing.

At each of these meetings, a display of work arranged by Mrs. Baldey, the Occupational Therapist, and done by her homebound patients, aroused considerable interest, and several orders for goods were received.

Food Hygiene

The booklet *Safe Food in Leicester* was widely distributed locally, and requests were received from other local authorities. Nearly 1,500 copies have been issued during the year.

The film "Another Case of Poisoning" was shown in conjunction with talks given by Miss Shute, the Food Hygiene Officer, and Mr. Beresford to the staffs of various cafés and food handlers in the shops in the City.

Central Council for Health Education Summer School

I attended the above School from the 10th to 20th August at Royal Holloway College. This was an invaluable aid to me in many ways. I was able to meet Health Education Officers from other cities, and many other people working in the field of Health Education, not only in this country, but, to quote a few, Denmark, Holland, Norway, America, Canada and Cyprus. In the group discussions which took place the dissemination of ideas proved most useful to all students.

Lectures given on "Health in the Home", "Health in the School", and "Health at Work" were also extremely helpful. Lectures on publicity methods and use of displays and visual aids in Health Education were given by a most able lecturer, and many of the ideas have been put into practice.

I did sincerely appreciate the opportunity given to me to attend this Course.

E. W. HARRIS

Food Hygiene

As mentioned in my last Report, Miss D. O. Jones resigned her appointment to go to Canada in December, 1952. The vacancy was filled by the appointment of Miss M. F. Shute, who came to the Department early in 1953.

Miss Shute has been more closely allied to the Sanitary Inspection Department than Miss Jones and has her headquarters there. I think this close alliance has been of great value to the work, as Miss Shute has been able to collaborate in detail with the Sanitary Inspectors engaged on similar work, particularly Mr. Beresford. The result has been a real advance in the campaign towards better food hygiene.

Details of Miss Shute's work during 1953 will be found in the report presented by the Chief Sanitary Inspector.

VENEREAL DISEASE

I am indebted to the Secretary at the Royal Infirmary for the following table of cases treated, etc.—the 1952 figures are in brackets.

Incidence of Venereal Disease and Allied Conditions in 1953

	Syphilis		Gonorrhoea		Other		Totals		
IN	M.	F.	M.	F.	M.	F.	M.	F.	Total
Number of cases under treatment or observation, 1st January, 1953	159	168	25	13	21	9	205	190	395
	(194)	(174)	(48)	(9)	(17)	(16)	(259)	(199)	(458)
New patients during 1953 including inward* transfers and returned cases	32	56	132	30	496	301	660	387	1 047
	(54)	(50)	(142)	(39)	(512)	(301)	(708)	(390)	(1,098)
Totals	191	224	157	43	517	310	865	577	1,442
	(248)	(224)	(190)	(48)	(529)	(317)	(967)	(589)	(1,556)
OUT									
Number discharged cured or needing no treatment	30	27	74	21	493	304	597	352	949
	(42)	(30)	(98)	(29)	(505)	(308)	(645)	(367)	(1,012)
Defaulted	18	22	30	8	—	—	48	30	78
	(26)	(22)	(46)	(5)	(—)	(—)	(72)	(27)	(99)
Died	4	2	—	—	—	—	4	2	6
	(5)	(1)	(—)	(—)	(—)	(—)	(5)	(1)	(6)
Transferred ..	9	8	18	—	5	—	32	8	40
	(16)	(3)	(21)	(1)	(3)	(—)	(40)	(4)	(44)
Remaining at 31st Dec., 1953	130	165	35	14	19	6	184	185	369
	(159)	(168)	(25)	(13)	(21)	(9)	(205)	(190)	(395)
Totals	191	224	157	43	517	310	865	577	1,442
	(248)	(224)	(190)	(48)	(529)	(317)	(967)	(589)	(1,556)

*Of the new patients seen during 1953, approximately two-thirds are from Leicester City, the remainder from the County.

NATIONAL ASSISTANCE ACT, 1948

SECTION 47

Several cases were referred to the Department for consideration under this Section of the Act, and all with one exception were dealt with by the Home Help Department or, where admission to hospital was advisable, they agreed to go. One old lady adamantly refused. Owing to the swelling of her legs and general weakness she had not been able to leave her chair for some days when first visited. She was living in very great squalor ; a wall of newspapers lined two sides of her room ; odds and ends of food lay here and there, and in the front room among the dust and debris were 123 bottles of sterilised milk, the daily deliveries having continued. Admission to hospital was thought necessary and the machinery put into motion. Meanwhile something had to be done to improve conditions, and two home helps went in and cleared the living room and prepared adequate food. The change was so great that the case for removal was destroyed and the proceedings were cancelled. The old lady is now living comfortably in her home with part-time assistance from a home help.

CHILDREN NEGLECTED OR ILL-TREATED IN THEIR OWN HOMES

The arrangement whereby the Medical Officer of Health acts as Co-ordinating Officer for children neglected or ill-treated in their own homes continues to work smoothly. Care is taken that referral does not delay immediate action being taken by a particular department where necessary ; for example, children are referred direct to the N.S.P.C.C. when an officer thinks this should be done, and the Medical Officer of Health is informed afterwards. Case conferences with those interested were held in several instances, but not automatically on all cases. The aim of our work is to keep the family together, many departments playing their part. The Family Service Unit workers continued to help in some of the more difficult cases.

The health visitors and home helps employed by the Health Department have a most useful part to play in the prevention of neglect, all births being notified to the Medical Officer of Health. The health visitors deal with families from their foundation and by regular visiting, training and advice, frequently prevent deterioration in relationships within the family. The home helps, by showing mothers what can be done in their own homes and by advice on the proper spending of the family income, also achieve excellent results in many problem or near problem families. Most of the cases dealt with by health visitors and home helps did not come within the co-ordinating arrangements and are not included in the report.

During the year 36 cases were referred to the Medical Officer of Health as Co-ordinating Officer, compared with 49 in 1952. In addition, at the beginning of the year, 14 cases that had been reported in 1952 were being dealt with. On review of reports from interested departments, of the total of 50 cases, we considered that neglect was present in 32. In 18 the children were thought not to be neglected.

The cases were reported to the Medical Officer of Health by the following officers :

Referred by	Total
Chief Constable	13
Director of Education	5
Children's Officer	11

Medical Officers in Health or Education Departments	4
N.S.P.C.C.	9
Others	7
Family Service Unit	1
Total	50

The reasons for referral or neglect were as follow :

Reason for Referral	Neglected	Not neglected	Total
Inadequate clothing, dirty or verminous	15	5	20
Mental cruelty, mainly leaving alone in house	6	7	13
Physical cruelty	2	4	6
Parents quarrelling or mother left home	2	–	2
Moral danger	5	1	6
Illness of child	1	1	2
Mental condition of mother ..	1	–	1
Totals	32	18	50

The cases were referred to the following departments, some cases being referred to more than one.

Maternity and Child Welfare ..	26
Sanitary Inspection	6
School Health Service	15
Children's Department	11
Mental Health Services	1
N.S.P.C.C.	10
Family Service Unit	8
None, the cases not requiring further action	4
Total	81

The action taken or final decision is given below.

Action taken by M.O.H. or Final Decision	Neglected	Not neglected	Total
Health Visitor to supervise ..	4	11	15
Home Help to assist	1	–	1
Sanitary Inspection Department ..	1	1	2
School Health Service	2	1	3
To Children's Officer for action ..	4	2	6
N.S.P.C.C. for action	4	–	4
Family Service Unit	7	–	7
Re-housed	1	–	1
Moved out of area	2	–	2
Still being dealt with	1	1	2
No further action	5	2	7
Totals	32	18	50

My thanks are due to the officers of the various voluntary bodies and official departments for their help in this work.

HOUSING

New Housing

During the last five years the following houses have been built in Leicester.

	1949	1950	1951	1952	1953	Total
By Housing Committee . .	559	650	1,216	1,216	1,343	4,984
By private builders . .	190	224	179	232	341	1,166
Totals	749	874	1,395	1,448	1,684	6,150

The 1,343 houses built by the Corporation were on the following Estates :

New Parks	11 and 112 flats
Evington House	18
Thurnby Lodge	14
Stocking Farm	17
Eyres Monsell	884
Goodwood	12
Braunstone Frith	269
Nether Hall	6
	1,343

Slum Clearance

The Lewin Street Slum Clearance Area, mentioned in my last report, and the first such area to be dealt with since the war, was the subject of Government Inquiry in September. It consists of 247 houses and 13 other buildings. It is believed to be one of the largest areas to be dealt with in the country.

In September also, a further area, the Metcalf Street Area, was represented and accepted by the Council as Area No. 114 (Metcalf Street) Clearance Area. It contains 270 dwelling houses and 15 other buildings, including one public house.

In addition, during the year action was taken under Sections 11 and 13, Housing Act, 1936, and 36 dwelling houses were ordered to be demolished and a further seven were demolished.

47 individual houses were closed under Section 25 of the Regulations made under the Leicester Improvement Drainage and Market Act of 1868.

HOUSING STATISTICS

For year ended 31st December, 1953

1.—Unfit Dwelling Houses—Inspection.

(1) (a) Total number of dwelling houses inspected for housing defects (under Public Health or Housing Acts)	8,732
(b) Number of inspections made for the purpose	15,482
(2) (a) Number of dwelling houses (included under sub-head (1) above) which were inspected and recorded under the Housing Consolidated Regulations, 1925 and 1932	4,577
(b) Number of inspections made for the purpose	8,998
(3) Number of dwelling houses found to be in a state so dangerous or injurious to health as to be unfit for human habitation	397
(4) Number of dwelling houses (exclusive of those referred to under the preceding sub-heading) found to be not in all respects reasonably fit for human habitation	1,891

2.—Remedy of Defects without Service of Formal Notices.

Number of defective dwelling houses rendered fit in consequence of informal action by Local Authority or their officers	1,416

3.—Action under Statutory Powers.

A—*Proceedings under Sections* 9, 10 *and* 16 *of the Housing Act*, 1936 :

(1) Number of dwelling houses in respect of which notices were served requiring repairs	12
(2) Number of dwelling houses which were rendered fit after service of formal notices :	
(a) By owners	9
(b) By Local Authority in default of owners	1

B—*Proceedings under Public Health Acts* :

(1) Number of dwelling houses in respect of which notices were served requiring defects to be remedied	35
(2) Number of dwelling houses in which defects were remedied after service of formal notices :	
(a) By owners	29
(b) By Local Authority in default of owners	—

C—*Proceedings under Sections* 11 *and* 13 *of the Housing Act*, 1936 :

(1) Number of dwelling houses in respect of which Demolition Orders were made	36
(2) Number of dwelling houses demolished in pursuance of Demolition Orders	7

D—*Proceedings under Section* 12 *of the Housing Act*, 1936 :

(1) Number of separate tenements or underground rooms in respect of which Closing Orders were made	1
(2) Number of separate tenements or underground rooms in respect of which Closing Orders were determined, the tenement or room having been rendered fit	—

Number of houses in respect of which Closing Orders were made under the Leicester Improvement Drainage and Markets Act, 1868. (This figure includes houses represented in 1952 but on which Orders were not made until 1953)	64

BLIND PERSONS

I am indebted to Mr. K. J. Powell, Chief Welfare Officer, for the information included in this Section.

A total of 137 blind persons came to the notice of the Welfare Department during the year. Their age incidence and the cause of blindness are shown in the following Table.

Classification according to age (at Date of Registration) of Blind Persons Registered in 1953

	0–	1–	2–	3–	4–	5–10	11–15	16–20	21–30	31–39	40–49	50–59	60–64	65–69	70+	Total
Cataract :																
Male ..	–	–	–	–	–	–	1	–	–	1	–	1	2	4	13	22
Female ..	–	–	–	–	–	–	–	–	–	–	–	3	3	3	40	49
Glaucoma :																
Male ..	–	–	–	–	–	–	–	–	–	–	–	–	–	–	4	4
Female ..	–	–	–	–	–	–	–	–	–	–	–	–	2	2	3	7
Retrolental Fibroplasia :																
Male ..	–	–	1	–	–	–	–	–	–	–	–	–	–	–	–	1
Female ..	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–
Others :																
Male ..	1	1	–	–	–	1	1	–	–	1	1	1	1	4	12	24
Female ..	–	–	–	–	–	1	2	–	–	4	–	2	2	3	16	30
Totals ..	1	1	1	–	–	2	4	–	–	6	1	7	10	16	88	137

In addition, 38 partially sighted persons were recorded.

Classification according to age (at Date of Registration) of Partially Sighted Persons Registered in 1953

	0–	1–	2–	3–	4–	5–10	11–15	16–20	21–30	31–39	40–49	50–59	60–64	65–69	70+	Tota
Cataract :																
Male ..	–	–	–	–	–	–	–	–	–	–	–	–	1	1	4	6
Female ..	–	–	–	–	–	–	–	–	–	–	–	–	–	2	6	8
Glaucoma :																
Male ..	–	–	–	–	–	–	–	–	–	–	–	1	–	–	2	3
Female ..	–	–	–	–	–	–	–	–	–	–	–	–	–	–	3	3
Retrolental Fibroplasia :																
Male ..	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–
Female ..	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–
Others :																
Male ..	–	–	–	–	–	2	–	1	–	–	–	2	1	1	3	9
Female ..	–	–	–	–	–	–	–	2	–	1	–	–	1	–	4	9
Totals	–	–	–	–	–	2	–	3	–	1	–	3	3	4	22	38

Of the total 175 cases of blindness or partial blindness registered during the year, almost 50% were due to cataract, and of the cataract cases 75% were aged—70 years or over. There was no case of retrolental fibroplasia reported in a premature infant during the year.

As regards treatment and follow-up, the following Table gives the details.

Follow-up of Registered Blind and Partially Sighted Persons

(i) Number of cases registered during the year in respect of which para 7(*c*) of Form B.D.8 recommends :	Cause of Disability			
	Cataract	Glaucoma	Retrolental Fibroplasia	Others
(*a*) No treatment . .	34	9	1	54
(*b*) Treatment . . . . (medical, surgical or optical)	51	8	–	18
(ii) Number of cases at (i) (*b*) above, which on follow-up action have received treatment	16	5	–	11

In 10 cases during the year originally recommended for treatment, this was later found inadvisable on general medical grounds, or else the patient proved unwilling. A further 11 cases died shortly after registration and before follow-up action had been taken.

As the majority of persons registered as blind are aged, factors such as these have a great influence on whether treatment is recommended or accepted, and must be taken into account in assessing the efficiency of the follow-up.

Details relative to ophthalmia neonatorum will be found as usual in the report of the Medical Officer for Maternity and Child Welfare.

EPILEPSY AND CEREBRAL PALSY

Epilepsy

There are 10 children only, under the age of five years, known to the Health Department and reported as suffering from epilepsy or probably so. Of these several are under treatment at the Royal Infirmary.

Of children of school age, there are 107 pupils on the Epileptic Register. Seven of those are in residential schools, the remainder attending ordinary schools. One of these latter, who suffers from major epilepsy, may need placement in a residential school.

Cerebral Palsy

The problem of how best to deal with cases suffering from cerebral palsy (spastics) has exercised our minds considerably during the year under review.

On the 25th November, 1953, a special conference of all the medical practitioners primarily concerned in the problem in both City and County was convened. It was reported that there were 53 known cases of cerebral palsy on the City School Register. Of these, 36 were in ordinary schools, seven in special schools, four probably ineducable and one in a speech defect class. Of the remaining five, two were on home tuition, two were awaiting places in a residential school, and one was not yet assessed.

This gives an incidence of 1.2 per 1,000 of the school population.

Unfortunately the same quality of information was not available as to the number of children under school age, and it was felt that here was a gap in our knowledge which should be filled.

It was therefore agreed to ask the Local Medical Committees of both City and County to circularise all medical practitioners in their areas advising them to refer all suspicious cases at the earliest possible age to the Pædiatric Clinics at the Royal Infirmary and other hospitals, in order that remedial treatment might be started as soon as possible and at an age at which it could be of most value. This has been done, but it is too early to state that there has been any definite result.

Consideration was also given, at the Conference, to the Hospital School at Bosworth Park, and it was felt that this would provide most useful assistance both in the initial diagnostic period and also in the care of special cases.

Information as to spastics of over school age is very sparse. The Juvenile Appointments Bureau does its best to place them in suitable occupations where this is possible, but of later developments I have no information.

APPENDIX I

Report on the Chest Clinic for 1953

by

JAMES CUTHBERT, M.D., Ch.M., D.P.H., F.R.F.P.S.

During the year seven tuberculosis case-finding programmes have been in operation in the City of Leicester.

1. Persons referred to the Central Chest Clinic by General Practitioners. Facilities are given to the practitioners for a quick chest X-ray as soon as the patient reports to the Clinic with a note from the doctor. If an examination is requested, that is done within a week. The speed of this service is important for the practitioner. From 1st January, 1953, to 31st December, 1953, 2,662 persons were sent to the Clinic for the first time by general practitioners. From them, 194 cases of active pulmonary tuberculosis have been notified to date, i.e., 72.9 cases per thousand persons examined. (There are still 408 persons under observation for various pulmonary abnormalities by 31st December, 1953).

2. All persons under 15 years of age sent to the Clinic by practitioners are Mantoux tested. A health visitor calls on the homes of positive reactors and, on a special form, records the names of the other inmates of the house. Those persons are offered a 70 mm. chest X-ray at the Clinic.

During the period January, 1952, to December, 1953, admission was gained to 99 households with 399 inmates, excluding the pointer subjects; 235, or 58.9%, accepted a chest X-ray and three cases of active pulmonary tuberculosis, or 12.8 per thousand persons X-rayed, were found. Allowing for 5.7% of the inmates who had received a Mass Radiography Unit X-ray within a year, we were unable to obtain the attendance of 35.4% of the home contacts at the Clinic.

3. *Routine Examination of Contacts of known cases of Tuberculosis.* Whenever a case of tuberculosis is notified, from whatever source it comes, a Health Visitor calls on the home and completes an environmental form. Among other things it gives a list of all the home contacts. Those are offered a 70 mm. chest X-ray at the Clinic and a Mantoux test. In addition, the contacts of known cases of tuberculosis receive periodical chest X-rays so long as the name of the case of tuberculosis remains on the register.

If a case of tuberculosis is not notified until death, the household concerned is visited as above and routine contact examination is done on one occasion.

Realising, on the one hand, that it is uneconomical to X-ray all age groups of contacts yearly and on the other hand that the numbers of contacts are "snowballing" with the increasing numbers of names on the tuberculosis register, we have adopted the following system for examination of contacts of cases of tuberculosis of more than a year's standing.

Children under 14 years of age : If Mantoux positive and X-ray is satisfactory, to be X-rayed in three months and then off, and advised to return after puberty. If Mantoux negative to have B.C.G. vaccination; if they refuse, to have an X-ray at six-monthly intervals for two years.

Adolescents and adults 14 to 35 years of age : If Mantoux negative to have B.C.G. vaccination. If they refuse, to have an X-ray at six-monthly intervals. If Mantoux positive and X-ray is satisfactory, to report annually for six years or until 35 years of age.

Adults over 35 years of age : X-ray chest and discharge if clear.

We had access to the homes of 401 cases of tuberculosis who were notified between 1st January, 1953 and 31st December, 1953. The total inmates, excluding the pointer subjects, were 1,582.

959, or 60.6%, came for a chest X-ray and 17 cases of tuberculosis, or 17.7 per thousand, persons X-rayed, were found.

When we consider that only 6.2% of the contacts had been X-rayed at other sources during the year, we see that 33% of all new contacts would not attend for X-ray.

There are still some persons under observation from the contacts, some of whom may eventually be proven to have active tuberculosis. Also by 31st March, 1954, 15 further cases of tuberculosis were diagnosed from contacts who had been under observation from this and previous years. When we consider all contacts (current year and from previous years) we find that only 60% attend the clinic for an X-ray when sent for.

This Table shows the number of contacts examined each year recently and the number of cases of tuberculosis found.

Year	Number of Contacts sent for	Number who attended for X-ray	Percentage who attended	Number of cases of Tuberculosis found
1951	4,351	2,406	55%	32
1952	3,750	2,454	65%	28
1953	3,426	2,076	60%	27

4. *Mantoux Testing of the Pupils of Eleven Whole Schools.* As a result of offering Mass Radiography to pupils of 13 years of age as well as to school leavers in 1952, 14 cases of adult type tuberculosis were discovered in Leicester pupils. In addition, three teachers were known to have active pulmonary tuberculosis and several other pupils who had been sent to the Clinic by their practitioners were infected.

It was decided to offer a Mantoux Test to each pupil in the 11 schools involved.

The tests were done at school by the School Medical Officers after suitable propaganda. The homes of the positive reactors were visited and the names of the inmates forwarded to the Chest Clinic where they were offered a 70 mm. chest X-ray.

4,154 forms were issued to the pupils of the schools and 3,302 pupils accepted a skin test ; 3,153 were eventually tested and 663, or 21.03%, were positive.

Access was gained to 643 households with a total of 2,276 inmates, excluding the pointer subject. 1,220 persons, or 53.6%, attended for X-ray and 11 cases of active pulmonary tuberculosis were diagonised (nine per thousand persons X-rayed).

In addition, 231 of the Mantoux positive pupils themselves attended the Clinic for X-ray and a further five cases of active tuberculosis were found, bringing the yield in this Scheme to 1,451 persons X-rayed with 16 cases of tuberculosis, or 11 per thousand, found.

Again, only 53.6% of the contacts attended for X-ray and, allowing for 9.2% who had been X-rayed by the Mass Radiography Unit in the past year, we see that 37.2% of the contacts would not attend for an X-ray.

5. *Mantoux Testing of School Entrants.* A Mantoux test was offered to all new entrants to school after January 1st, 1953. The same procedure was followed with regard to the issue of leaflets, the follow-up at home and the reference to the chest clinic of all contacts of Mantoux positive entrants.

Out of 3,764 entrants tested, 160 were returned positive, or 4.25%.

Access was gained to 155 households with 632 inmates, excluding the pointer subjects.

474, or 75%, attended for X-ray and three cases of active tuberculosis were found (6.3 per thousand persons X-rayed).

Allowing for 4.1% of contacts who had received a Mass Radiography Unit X-ray within the previous year, we were unable to X-ray 20.9% of this group of contacts.

6. *Scheme for X-raying the Business Contacts of Cases of Tuberculosis.*

The Health Visitor, on her first visit to the home of a new case of tuberculosis, ascertains whether the patient's firm has been examined by the Mass Radiography Unit. This scheme is designed to X-ray the workmates of patients in small shops and works, not previously approached by the Mass Radiography Unit authorities.

The patient gives his signed consent to us, on a special form, so that we can divulge to his employer that the illness is tuberculosis. Thereafter the employer is approached by telephone and an X-ray offered to the patient's workmates on a voluntary basis. Final arrangements are made by a Health Visitor who visits the workshop.

There are not many cases in which this scheme is applicable.

So far from a total of 44 patients approached, 15 refused us permission to divulge to the employer that the illness was due to tuberculosis. The remaining 29 firms were approached and all the employers co-operated. 174 business contacts attended for X-ray. No cases of active tuberculosis were found, but two cases of old-standing disease of doubtful activity are under observation.

7. *Mass Radiography Unit.* This unit yielded 59 cases of active tuberculosis notified in the City of Leicester from January to December, 1953.

To date the morbidity rate of tuberculosis has not fallen whereas the death-rate in Leicester has reached the lowest figure recorded, probably due to the effect of the modern chemo-therapeutic agents. The numbers on the clinic register are more than before.

We are now analysing the register at six-monthly intervals into three categories of cases :

(*a*) The numbers of quiescent cases.

(*b*) The numbers of cases under treatment and likely to become quiescent.

(*c*) The numbers of cases of chronic tuberculosis who discharge tubercle bacilli constantly or periodically and who constitute the known reservoir of infection in the community. A study of this last figure from time to time will show the success or otherwise of the tuberculosis campaign.

It is our aim with case-finding schemes to see persons with early disease and to offer them treatment to prevent them getting into the chronic case list in category (*c*).

At the same time, by intensive instruction in home hygiene, sputum disposal, etc., an attempt is made to educate patients so that they cease to be a danger to others.

As many contacts as possible are examined and B.C.G. is offered to the tuberculin negative reactors. We would welcome the extension of the use of B.C.G. to raise the resistance of susceptible persons.

This Table shows the position with regard to the number of new cases of tuberculosis diagnosed during the last four years and the present size of the known pool of chronic cases.

Year	New Cases of Tuberculosis registered	Tuberculosis Cases on Register	Death-rate per 100,000	Size of Pool of Chronic Infectious Cases
1950	601	2,193	49	—
1951	489	2,208	36	775
1952	514	2,329	35	—
1953	497	2,474	25	686

Approximately 45% of the chronic cases of tuberculosis are at work, the remainder are unfit for work. The position varies week by week and it is impossible with the present numbers involved to ascertain the conditions under which each works. No special watch is kept on their works contacts as most of the firms concerned have the offer of Mass Radiography Unit investigation periodically, and as many of the cases move from one job to another. In addition, we find that to inform an employer that a patient has tuberculosis often results in the patient eventually losing his job.

Many cases which become quiescent attend the Government Rehabilitation and Training Unit and in those cases we can judge of the suitability or otherwise of the positions which they ultimately secure.

The following Table shows the sources from which the cases of tuberculosis, notified in 1953, came.

Transferred in from other Areas	103
Contacts	27
Mass Radiography Unit	59
Referred by National Service Medical Board	5
Death adjustments	9
School case-finding scheme other than the Mass Radiography Unit	15
Contacts of Mantoux Positive persons under 15 years referred to the Clinic by practitioners	2
Referred by general practitioners	194
Referred to Clinic by General Hospital doctors	72
Referred to Clinic by Service doctors	11

Three cases included in the above figures were renotifications.

The following table gives the number of new cases since 1924 :

1924	..	Pulmonary,	725 ;	Non-pulmonary,	65 ;	Total,	790
1925	..	,,	606 ;	,,	77 ;	,,	683
1926	..	,,	650 ;	,,	77 ;	,,	727
1927	..	,,	700 ;	,,	80 ;	,,	780
1928	..	,,	668 ;	,,	117 ;	,,	785
1929	..	,,	657 ;	,,	77 ;	,,	734
1930	..	,,	582 ;	,,	66 ;	,,	648
1931	..	,,	511 ;	,,	61 ;	,,	572
1932	..	,,	442 ;	,,	69 ;	,,	511
1933	..	,,	438 ;	,,	74 ;	,,	512
1934	..	,,	331 ;	,,	72 ;	,,	403
1935*	..	,,	460 ;	,,	100 ;	,,	560
1936	..	,,	355 ;	,,	79 ;	,,	434
1937	..	,,	345 ;	,,	88 ;	,,	433

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*City Boundary extended and population increased by 20,000. The figure given for 1935 included 139 pulmonary and 23 non-pulmonary taken over from the County.

1938	..	Pulmonary,	310 ;	Non-Pulmonary,	84 ;	Total,	394
1939	..	,,	299 ;	,,	84 ;	,,	383
1940	..	,,	343 ;	,,	101 ;	,,	444
1941	..	,,	390 ;	,,	75 ;	,,	465
1942	..	,,	365 ;	,,	85 ;	,,	450
1943	..	,,	359 ;	,,	93 ;	,,	452
1944	..	,,	392 ;	,,	52 ;	,,	444
1945	..	,,	355 ;	,,	60 ;	,,	415
1946	..	,,	440 ;	,,	55 ;	,,	495
1947	..	,,	458 ;	,,	68 ;	,,	526
1948	..	,,	403 ;	,,	78 ;	,,	481
1949	..	,,	410 ;	,,	51 ;	,,	461
1950	..	,,	555 ;	,,	46 ;	,,	601
1951	..	,,	443 ;	,,	46 ;	,,	489
1952	..	,,	473 ;	,,	41 ;	,,	514
1953	..	,,	455 ;	,,	39 ;	,,	494

The following table gives the sex and age periods of those notified during 1953 :

Age Periods	1-4	5-9	10-14	15-19	20-24	25-34	35-44	45-54	55-64	65+	Total
Pulmonary											
Males ..	6	6	7	23	23	36	23	45	24	11	204
Females ..	7	9	12	24	21	34	17	14	6	7	151
Non-pulmonary											
Males ..	5	2	—	3	—	4	1	3	—	1	19
Females ..	3	3	1	1	3	1	—	3	1	1	17

As the presence of the Government Training Centre in Leicester and suitable light industry in the town encourages large numbers of transfers into the City, we have kept the transfers out of the above table, which shows the age distribution of new cases notified. This will give a true picture of the age groups notified within the City.

The following Table gives the sex and age periods of those transferred in from other areas during 1953.

Age Periods ..	5-9	10-14	15-19	20-24	25-34	35-44	45-54	55-64	65+	Total
Pulmonary										
Males ..	1	–	2	14	40	7	4	1	2	71
Females ..	–	–	1	10	15	3	–	–	–	29
Non-Pulmonary										
Males ..	–	–	–	1	1	–	–	–	–	2
Females ..	–	–	1	–	–	–	–	–	–	1

The following table gives the number of young adults notified in the age periods 15-19 and 20-24 during the past six years :

	Pulmonary Tuberculosis in Young Adults (Notifications) (15-24) during the past 6 years											
	1948		1949		1950		1951		1952		1953	
Ages	15-19	20-24	15-19	20-24	15-19	20-24	15-19	20-24	15-19	20-24	15-19	20-24
Males	22	24	18	23	18	38	14	32	26	33	23	23
Females	24	42	37	41	43	55	36	46	33	38	24	21
Total	46	66	55	64	61	93	50	78	59	71	47	44
Total both sexes	112		119		154		128		130		91	

This table shows for the year 1953 there has been a decrease of 39 young adults notified, as compared with 1952, and a decrease of 37, as compared with 1951. In previous years "transfers in" have been included in those tables.

DEATHS (*Local figures*)

Deaths due to Pulmonary Tuberculosis	68
Deaths due to non-Pulmonary Tuberculosis ..	5

The pulmonary deaths (68) are 28 less than in 1952. The non-pulmonary deaths (5) are one less than in 1952.

Place of Death.

Leicester Isolation Hospital	11
Leicester General Hospital	2
Other Institutions	7
In patients' own homes	53
	73

Number of Deaths from Tuberculosis in Leicester in past years.

Year. (1)	Phthisis.		Other Tuberculous Diseases.		Total Tuberculous Deaths.	
	Deaths. (2)	Rate per 100,000 Population. (3)	Deaths. (4)	Rate per 100,000 Population. (5)	Deaths. (6)	Rate per 100,000 Population. (7)
1937	216	82	35	13	251	95
1938	174	66	21	8	195	74
1939	183	70	25	9	208	79
1940	200	77	34	13	234	90
1941	197	74	39	15	236	89
1942	166	64	37	14	203	78
1943	179	70	27	11	206	81
1944	175	68	20	8	195	76
1945	153	60	30	12	183	71
1946	162	60	26	10	188	70
1947	186	67	21	8	207	75
1948	167	60	20	7	187	67
1949	153	54	21	7	174	61
1950	134	47	7	2	141	49
1951	98	34	7	2	105	36
1952	96	33	6	2	102	35
1953	68	24	5	2	73	25

The following tables give the Age, Sex Distribution and Occupation of those dying from Pulmonary Tuberculosis during 1953 :

Age and Sex Distribution of Deaths from Phthisis in 1953.

Age Period.	Males.	Females.	Total.
0—1	—	—	—
2—4	—	—	—
5—9	—	—	—
10—14	—	—	—
15—19	2	1	3
20—24	2	1	3
25—34	5	4	9
35—44	7	2	9
45—54	9	5	14
55—64	12	4	16
65 + ...	12	2	14
All ages ..	49	19	68

Occupations of Persons Dying from Phthisis in 1953.

	M.	F.		M.	F.
Shoe Trade					
Clickers	3	—	Ironfoundry Moulder	1	—
Finishers	1	—	Stonemason	1	—
Pressmen	1	—	Electrician	1	—
Warehousemen	1	—	Plumber	1	—
Labourer	1	—	Shop Assistants	1	1
			Bricklayer's Apprentices	2	—
Hosiery Trade*			Bus Conductor	1	—
Spinners	—	1	Painter and Decorator	1	—
Winders	1	—	Various	11	—
Packers	1	—			
Trimmers	1	—			
Warehousemen	2	—			
Printing Trade	1	—			
Clerks	5	2	Occupations not stated (includes married* women, widows, children, and persons of no occupation)	6	15
General Labourers	3	—			
Engineering Trade	2	—	Grand Total	49	19

* A large number of *married* women are engaged in the Hosiery Trade, but these are not included, for in the case of deaths of married women and widows, only the husband's occupation is registered.

ANALYSIS OF DEATHS.

Pulmonary Cases having had Institutional Treatment.

Stage when first examined		Died within one month of notification	Within three months	Within six months	Within twelve months	Within two years	Within three years	Within five years	Over five years
T.B. − ve cases	—	—	—	—	—	—	—	—	—
T.B. + ve Stage I	—	—	—	—	—	—	—	—	—
T.B. + ve Stage II	18	—	—	—	—	1	1	6	10
T.B. + ve Stage III	19	—	1	—	3	—	2	6	7
Total	37	—	1	—	3	1	3	12	17

PULMONARY CASES NOT HAVING HAD INSTITUTIONAL TREATMENT.

Stage when first examined		Died within one month of notification	Within three months	Within six months	Within twelve months	Within two years	Within three years	Within five years	Over five years
T.B. – ve cases ..	2	—	—	—	—	1	—	—	1
T.B. + ve Stage I ..	—	—	—	—	—	—	—	—	—
T.B. + ve Stage II ..	9	1	—	—	1	—	2	4	1
T.B. + ve Stage III ..	10	6	1	—	—	2	—	1	—
Total	21	7	1	—	1	3	2	5	2

PULMONARY CASES NOT EXAMINED AT OR IN CONNECTION WITH THE CHEST CLINIC.

TOTAL	Died within one month of notification	Within three months	Within six months	Within twelve months	Within two years	Within three years	Within five years	Over five years
1	1	—	—	—	—	—	—	—

These tables account for 59 deaths. In addition, there were 9 deaths of patients who had not been notified as suffering from tuberculosis. This gives a total of 68 pulmonary deaths.

Deaths from Pulmonary Tuberculosis in Children (0-14) During the past six years.

	1948			1949			1950			1951			1952			1953		
Ages.	–4	-9	–14	–4	–9	–14	–4	–9	–14	–4	–9	–14	–4	–9	–14	–4	–9	–14
Males ..	–	–	–	–	–	–	–	–	–	–	–	–	–	–	1	–	–	–
Females ..	–	–	1	2	–	–	–	–	–	–	–	–	–	–	–	–	–	–
Total ..	–	–	1	2	–	–	–	–	–	–	–	–	–	–	1	–	–	–
Total each year ..	1			2			–			–			1			–		

Deaths from Pulmonary Tuberculosis in Young Adults (15-24) during the past six years.

Ages.	1948		1949		1950		1951		1952		1953	
	15-19	20-24	15-19	20-24	15-19	20-24	15-19	20-24	15-19	20-24	15-19	20-24
Males ..	–	4	–	2	1	3	1	3	2	1	2	2
Females ..	8	7	5	10	3	5	1	3	2	7	1	1
Total ..	8	11	5	12	4	8	2	6	4	8	3	3
Total .. (each year)	19		17		12		8		12		6	

There has been a decrease of six in the deaths from Pulmonary Tuberculosis in young adults in 1953 as compared with 1952.

Non-Pulmonary Tuberculosis Deaths (All Ages)

Renal	Meningitis
4	1

Deaths from Tuberculous Meningitis in Children (0-14) during the past six years

	1948	1949	1950	1951	1952	1953
Males	3	7	–	2	1	—
Females ..	4	3	2	–	–	1
Total	7	10	2	2	1	1

Recovered Cases

During the past year the names of 134 patients were removed from the register as having "recovered". Of these, 105 were pulmonary and 29 non-pulmonary. Of the pulmonary cases, 37 had had tubercle bacilli in their sputum.

VISITS

Visits paid by the Health Visitors	8,501
Visits paid by the District Nurses	11,504

Chest Clinic as the "Centre of Diagnosis"

Notes from general practitioners in Leicester requesting an opinion on 3,429 patients—2,662 were referred for the first time, the remainder were cases who had been before—were dealt with during the past twelve months.

Clinical Examinations

	Men	Women	Children	Total
First Examinations	980	635	411	2,026
Re-examinations	2,442	1,945	517	4,904

Contact Examinations

	1948	1949	1950	1951	1952	1953
Number of contacts examined ..	721	498	1,700	2,406	2,454	2,076
Number found to have definite tuberculosis	21	17	43	32	28	27

Radiological Examinations

1950	1951	1952	1953
11,647	15,146	14,941	18,094

Attendances

Total number of attendances	23,187

ANALYSIS OF CASES ON CHEST CLINIC REGISTER.

DIAGNOSIS	Pulmonary			Non-Pulmonary			Total			Grand Totals
	Men	Women	Children	Men	Women	Children	Men	Women	Children	
A. New Cases examined clinically and/or radiologically during the year excluding contacts:										
(*a*) Definitely T.B.	157	113	37	12	12	4	169	125	41	335
(*b*) Diagnosis not completed ..	—	—	—	—	—	—	209	140	59	408
(*c*) Non-Tuberculous	—	—	—	—	—	—	1,261	1,086	529	2,876
B. New contacts examined during the year :										
(*a*) Definitely T.B.	14	9	4	—	—	—	14	9	4	27
(*b*) Diagnosis not completed ..	—	—	—	—	—	—	8	13	8	29
(*c*) Non-Tuberculous	—	—	—	—	—	—	272	383	562	1,217
C. Contacts of Mantoux Positive Schoolchildren										
(*a*) Definitely T.B.	6	5	5	—	—	—	6	5	5	16
(*b*) Diagnosis not completed	—	—	—	—	—	—	8	6	12	26
(*c*) Non-Tuberculous	—	—	—	—	—	—	306	450	771	1,527
D. Cases written off Chest Clinic Register										
(*a*) Recovered ..	45	50	10	14	12	3	59	62	13	134
(*b*) Non-Tuberculous	—	—	—	—	—	—	2,124	2,039	1,976	6,139
E. Number of cases on Clinic Register on 31st December, 1953 :										
(*a*) Definitely T.B.	1,094	963	218	78	79	42	1,172	1,042	260	2,474
(*b*) Diagnosis not completed ..	—	—	—	—	—	—	263	210	89	562

1. Number of cases on Clinic Register on 1st January, 1953, including observation cases ..	2,940	2. Number of cases transferred in from other areas	101
3. Number of cases transferred to other areas, cases not desiring further assistance under the scheme and cases "lost sight of"	112	4. Cases written off during the year as dead (all causes) ..	83
5. Number of attendances at Chest Clinic	23,187	6. "Lost sight of" cases returned	2
7. Number of films taken during the year	18,094	8. Number of visits by Health Visitors to homes for Clinic purposes	8,501
9. Number of persons receiving B.C.G. vaccine	532	10. Number of patients to whom beds and/or bedding have been loaned by the Local Health Department	31
11. Number of patients to whom free milk was granted by Local Health Department ..	113	12. Short-term hospital treatment cases as at 31st December, 1953	118
13. Number of patients who have received drug treatment outside the Hospital during the year	265		

LEICESTER AREA MASS RADIOGRAPHY UNIT

REPORT FOR 1953

I am indebted to Dr. E. M. Quinn, Medical Director, for the following report on the work of the Mass Radiography Unit in Leicester during the year.

Dr. Quinn reports :

As in previous years the Unit has spent half the year in the City. The other half of the year was spent touring the County districts. This report, however, only refers to work carried out in the City.

The first group of figures quoted below refers to public sessions held during January. (Public sessions were also held during November and December, 1952.) These figures are worthy of special note.

	Men	Women	Total
(*a*) Total number X-rayed during January Public Sessions	1,800	2,498	4,298
(*b*) Number of (*a*) above X-rayed previously	1,215	1,412	2,627
	(68%)	(57%)	(61%)
(*c*) Number of (*a*) X-rayed for first time	585	1,086	1,671
	(32%)	(43%)	(39%)
(*d*) Total number of active pulmonary tuberculosis cases in group (*a*) above	9	8	17
	(0.5%)	(0.32%)	(0.4%)
(*e*) Number of active pulmonary tuberculosis cases in group (*b*) above . .	2	4	6
	(0.16%)	(0.28%)	(0.23%)
(*f*) Number of active pulmonary tuberculosis cases in group (*c*) above . .	7	4	11
	(1.2%)	(0.36%)	(0.65%)

It will be seen, therefore, that there was a much higher incidence of pulmonary tuberculosis among those reporting for the first time. Every endeavour is still being made to encourage this section of the public to come for an X-ray.

The figures quoted above are also included in the table set out below.

General Statistical Details, including School Children

	Males	*Females*	*Total*
Miniature X-rays taken ..	9,468	11,064	20,532
Large films taken	975	728	1,703
Patients examined by Medical Director	252	154	406
Tuberculosis : Active ..	26	15	41
Inactive ..	107	74	181
Neoplasm	—	2	2
Bronchiectasis	28	4	32
Pneumoconiosis	2	—	2
Cardiovascular lesions ..	26	27	53

20,532 X-rayed : 41 active cases, 0.2 per cent.

APPENDIX II

Report on Maternity and Child Welfare

for the year 1953

by

E. B. BERENICE HUMPHREYS, M.B., Ch.B. (Edin.)
Maternity and Child Welfare Medical Officer

STATISTICS

Birth-rate

There were 2,354 male births and 2,243 female births, a total of 4,597, giving a birth-rate of 16.0 per 1,000 population.

Of the total births (4,597), 268 were illegitimate (136 males and 132 females), giving an *illegitimate birth-rate* of 0.9.

Stillbirths

There were 128 stillbirths, 69 males and 59 females.

These 128 stillbirths refer to stillbirths registered within the area. Of these, we have records of 124 (the difference being accounted for by lack of information concerning city stillbirths which occurred outside the area).

From our records, the following summary of information has been made :

Confined in hospital	90
Confined at home	34

Condition of the foetus :

(*a*) Macerated	65
(*b*) Not macerated	59

Duration of pregnancy :

(*a*) 28 weeks	4
(*b*) 30 ,,	9
(*c*) 32 ,,	5
(*d*) 33 ,,	2
(*e*) 34 ,,	10
(*f*) 35 ,,	5
(*g*) 36 ,,	20
(*h*) 37 ,,	2
(*i*) 38 ,,	8
(*j*) 39 ,,	2
(*k*) 40 ,,	57

Parity of the mother :

Para 1	43
,, 2	26
,, 3	20
,, 4	6
,, 5	9
,, 6	8
,, 7	3
,, 8	2
,, 9	2
,, 10	2
,, 12	2
,, 14	1

The causes of the stillbirths were :

Prematurity	5
Ante partum hæmorrhage	14
Twin pregnancy	1
Placental insufficiency	7
Malformation	20
Eclampsia	12
Obstructed labour	2
Cord round the neck	11
True knot in cord	2
Abnormal presentation	7
Prolapsed cord	4
Hæmolytic disease of the newborn	9
Diabetes	2
Cause not known	28

Infant Mortality Rate

Number of deaths in infants under one year	114
Corrected number of births	4,597
Infant death-rate	24.8

The rates for England and Wales and the Great Towns were 26.8 and 30.8 respectively.

From an analysis of the deaths, according to our local records, and not for comparison with the Registrar-General's figures, the following observations were made :

(1) Congenital malformations accounted for 17 of the deaths.

(2) Prematurity accounted for 32 of the deaths, 26 of which occurred during the first week of life. Details of the premature infants will be found on page 90 of the Report.

(3) Asphyxia of the newborn accounted for 12 deaths, all within a few hours of birth.

(4) Pneumonia accounted for eight deaths, but seven of these were in children over three months old.

(5) Violence accounted for six deaths. This figure includes two children who died from asphyxiation due to aspiration of vomit (one at the age of three days and the other at the age of six months), one child who died from inhalation of milk food and two children who were accidentally suffocated while in bed with their parents (one aged one month and one aged two months). In the sixth case of asphyxia, there was not sufficient evidence to show the cause.

(6) The small number of deaths, four, from diarrhœa, continues to be a satisfactory feature of the infant mortality figures.

Maternal Mortality

Number of deaths during the year		4
From Puerperal Sepsis	—	
From other accidents and diseases of pregnancy and parturition	4	
Total	4	

	1953	1952
Rate per 1,000 live and stillbirths	0.85	0.86
Puerperal Sepsis Rate	—	0.21
Figures for England and Wales :		
Maternal Mortality Rate		0.76
Puerperal Sepsis Rate		0.16

Concerning these deaths, the causes were :

(1) Eclampsia
(2) Concealed accidental hæmorrhage before the confinement
(3) Hæmorrhage after confinement
(4) Intestinal obstruction associated with adhesions complicating confinement

TABLE 8. City of Leicester

INFANT MORTALITY DURING THE YEAR 1953

Net Deaths from stated Causes at various Ages under 1 year of Age.
(LOCAL FIGURES)

Cause of Death	Under 1 Wk.	1 to 2 Weeks	2 to 3 Weeks	3 to 4 Weeks	Total under 1 Month	1 to 3 Mths.	4 to 6 Mths.	7 to 9 Mths.	10to12Mths.	Total Deaths under 1 Year
All Causes Certified ..	61	8	1	—	70	26	9	6	3	114
Congenital Malformations..	6	2	1	—	9	5	3	—	—	17
Birth Injuries	1	—	—	—	1	—	—	—	—	1
Atelectasis	5	—	—	—	5	—	—	—	—	5
Atrophy, Debility and Marasmus	—	—	—	—	—	—	—	—	—	—
Premature Births	26	3	—	—	29	3	—	—	—	32
Diarrhœa, etc.	—	—	—	—	—	1	1	1	1	4
Convulsions	—	—	—	—	—	1	—	—	—	1
Asphyxia Neonatorum ..	12	—	—	—	12	—	—	—	—	12
Hæmolytic Disease of the Newborn ..	1	—	—	—	1	—	—	—	—	1
Pemphigus Neonatorum ..	—	—	—	—	—	—	—	—	—	—
Tetanus ,, ..	—	—	—	—	—	—	—	—	—	—
Rickets	—	—	—	—	—	—	—	—	—	—
Hæmorrhagic Disease of the Newborn	4	—	—	—	4	—	—	—	—	4
Sclerema Neonatorum ..	1	—	—	—	1	—	—	—	—	1
Pink Disease	—	—	—	—	—	—	—	—	—	—
Tuberculous Meningitis ..	—	—	—	—	—	—	—	—	—	—
Abdominal Tuberculosis ..	—	—	—	—	—	—	—	—	—	—
Other Tuberculous Diseases	—	—	—	—	—	—	—	—	—	—
Meningitis (*Not Tuberculous*)	1	—	—	—	1	1	1	—	—	3
Encephalitis	—	—	—	—	—	—	—	—	—	—
Bronchitis	—	1	—	—	1	1	—	—	—	2
Pneumonia (all forms) ..	1	—	—	—	1	3	1	3	—	8
Syphilis	—	—	—	—	—	—	—	—	—	—
Intussusception & Intestinal Obstruction	1	1	—	—	2	—	—	1	—	3
Heart Disease	—	—	—	—	—	—	—	—	1	1
Whooping Cough	—	—	—	—	—	—	—	—	—	—
Measles	—	—	—	—	—	—	—	—	—	—
Cerebro-spinal Fever ..	—	—	—	—	—	—	1	—	—	1
Ant. Poliomyelitis	—	—	—	—	—	—	—	—	—	—
Erysipelas	—	—	—	—	—	—	—	—	—	—
Diphtheria .. .	—	—	—	—	—	—	—	—	—	—
Other Infective Diseases ..	1	1	—	—	2	6	1	1	—	10
Violent Causes	1	—	—	—	1	4	1	—	—	6
Other Causes	—	—	—	—	—	1	—	—	1	2

Net Births in the Year {legitimate, 4,329
illegitimate, 268}

Net Deaths in the Year of {legitimate infants, 110
illegitimate infants, 4}

NATIONAL HEALTH SERVICE ACT, SECTION 22

CARE OF MOTHERS AND YOUNG CHILDREN

Health Visiting

(Corresponding figures for the previous year are shown in brackets)

Number of first visits to children under one year old ..	4,858	(4,696)
,, ,, revisits to children under one year old ..	17,892	(17,017)
,, ,, visits to children one to five years old ..	31,562	(25,843)
,, ,, visits to cases of Ophthalmia Neonatorum	25	(16)
,, ,, first visits to ante-natal cases	251	(339)
,, ,, other visits to ante-natal cases	126	(155)
,, ,, visits to tuberculous patients	6,268	(6,264)
,, ,, visits re Mantoux testing	414	—
,, ,, visits concerning infant deaths and stillbirths	65	(85)
,, ,, visits concerning applications for maternity bed accommodation	1,246	(1,181)
,, ,, visits concerning after-care	312	—
,, ,, visits to diabetes patients	344	—
,, ,, visits concerning applications for convalescent home accommodation	144	(142)
,, ,, other visits (no access)	10,959	(9,253)
,, ,, other visits (not classified)	2,511	(3,477)
Totals	76,977	(68,468)

The figures show a total increase in the amount of visiting done, largely accounted for by the fact that, for much of the year, there were more health visitors on the staff. While first visits and revisits during the first year of life are always well maintained, it is the visits to the one to five year old which are reduced when there are fewer staff. An increase of 5,719 to a total of 31,562 visits to the older children is recorded this year. In general, the health visitors have adopted a system of selective visiting since the National Health Service Act has extended the scope of their work. They are essentially visitors to the family and are concerned with the health of all its members. It is not easy for the older health visitors to keep pace with this changing pattern and it is commendable that they have willingly co-operated in the many changes that are taking place.

It was possible during the year to second one health visitor for whole-time work in association with the physician in charge of the department for diabetic patients at the Royal Infirmary. The arrangement has proved to be very satisfactory and it is intended to change the health visitor after a period of about one year. This scheme, together with the regular visits of health visitors to the Children's Wards and the

Maternity Units in the City, serves to maintain the good liaison which exists between the hospital staff and the department.

Attendances of Health Visitors at Clinic Sessions :

Child Welfare Centres	2,794
Ante-Natal Clinics	647
Birth Control Clinic	237
School Clinics (including Minor Ailments and Scabies)	2,696
Diphtheria Immunisation and Vaccination Clinics	57
Chest Clinic	378
Occupation Centre	38
Hospital Sessions	462
Deaf Clinic	120
Others	57
Total	7,486

Deafness in the Young Child

Reference was made last year to the establishment of a clinic for the ascertainment of and assessment of defective hearing in infancy and in early childhood and the home training of the deaf child and the guidance of parents.

The clinic is held each week, and occasionally additional sessions have been found necessary.

We are fortunate to have had periodic visits to the clinic by Mrs. Ewing and also to have had Professor Ewing to review the work of the clinic at the end of its first year.

The facilities of the clinic are available for children from the County of Leicester and from other local authorities who find it possible to arrange for children to make the journey to Leicester. We have been pleased to arrange for several health visitors from the County of Leicester to attend the clinic in order that they may be initiated in the work of training the deaf child and in the guidance of parents. This should obviate repeated journeys for the deaf child once the ascertainment and assessment of defective hearing have been carried out at the clinic.

The following is a summary of the work of the clinic during the first year :

Number of sessions held (for Ascertainment and for Training)	56
Number of individual children referred	46
Number of attendances made by the children	247
Average attendance of children at each clinic	4.4

Source of Recommendation :

Medical Staff of Health Departments	22
Ear, Nose and Throat Surgeons (direct)	15
Pædiatricians	4
Health Visitors	2
Day Nursery Staff	1
Mental Health Department	2
	46

Number of children who have attended for the first time	46
Number of children who, after adequate investigation, have been shown to have normal hearing	9

Results of Tests of Hearing :

Children who have acuity over the whole range of speech frequencies	Nil
Children who have hearing over part of the range of speech frequencies	16
Children who possess merely an island of hearing	13
Children who have not yet responded reliably to tests	8

Results of Guidance and of Training :

Children whose parents have had guidance about home training over a period of time, varying from one to nine months. (This is in addition to the guidance during tests of hearing)	28
Children who have been recommended to a School for the Deaf :	
(*a*) Before having Home Training	1
(*b*) After having Home Training	16
Children who are lip reading	12
Children who are watching for speech, but cannot as yet be said to be lip reading	3
Children who are having auditory training with Hearing Aids in connection with lip reading	11
Children who are already beginning to talk :	
(*a*) Those who have some naturally acquired speech	5
(*b*) Those who are deaf who, through lip reading, have begun to frame with their lips, a few words in phrases	11

The ages of the three children who are watching for speech, range from 1 year 4 months to 3 years 1 month.

Of the 11 children who are having Auditory Training, the youngest is 1 year and 4 months, and the oldest 10 years and 10 months.

The ages of the 12 children who have begun to lip read, range from 1 year 5 months, to 9 years 4 months.

The youngest age at which a child attended the clinic and after repeated tests was conclusively found to be deaf was 14 months.

There are certain important points that emerge from the above figures :

It is essential to limit the number of children invited to attend at any one session. The work cannot be hurried.

It is most desirable that the parent or person who has most to do with the child at home should come to the clinic with the child. This is to insure that the guidance is given to the person who will carry on with the home training.

It is most important not to allow many "spectators" at the clinic. The attention of the very young child is easily distracted. It is interesting to note that no single child out of the 46 seen at the clinic has absolute deafness over the whole range of hearing. This is of great importance in the future education of the child.

It is absolutely essential that the methods used at the clinic and at home for the ascertainment of deafness and for the teaching of the child and parent should be on the right lines. In our opinion, the advice of Professor and Mrs. Ewing cannot be bettered in this respect. It was evident from the inception of the clinic that here was a pattern for future clinics, set in the framework of the Maternity and Child Welfare Department and staffed by Health Visitors already experienced in their handling of young children and their approach to parents.

The addition of a trained teacher of the deaf is invaluable to the work of the clinic and Leicester is fortunate in having the services of the Headmaster of the School for the Deaf, who attended 40 sessions during the year.

While recognising the success of the workers at this new clinic, all of us associated with it would like to pay tribute to the great debt we owe to Professor and Mrs. Ewing. Especially do we acknowledge the wonderful inspiration derived from the personal visits of Mrs. Ewing, without whose expert and kindly interest, the establishment of this clinic would not have been possible.

Ante-natal Clinics

The number of ante-natal attendances during the year 1953 was as follows :

(Corresponding figures, for the previous year are in brackets)

Clinic		No. of Sessions	ATTENDANCES			
			First Visits	Re-Visits	Total	Avg. per Session
Cort Crescent ..	Tues.	49 (49)	151 (160)	700 (882)	851 (1042)	17
13 Crescent Street..	Tues.	48 (49)	140 (128)	536 (504)	676 (632)	14
Causeway Lane ..	Wed.	52 (52)	127 (157)	688 (780)	815 (937)	16
	Fri.	50 (49)	158 (143)	606 (530)	764 (673)	15
Belgrave Hall ..	Mon.	49 (49)	167 (189)	636 (626)	803 (815)	16
	Wed.	52 (51)	151 (175)	735 (655)	886 (830)	17
Newby Street ..	a.m.	50 (51)	155 (121)	614 (497)	769 (618)	15
	p.m.	50 (51)	168 (151)	582 (633)	750 (784)	15
St. Christopher's* ..	a.m.	41 (49)	89 (86)	529 (411)	618 (497)	15
	p.m.	41 (49)	130 (98)	571 (519)	701 (617)	17
Braunstone Avenue	..	49 (49)	105 (162)	522 (554)	627 (716)	13
Aikman Avenue ..	..	49 (49)	164 (229)	861 (1151)	1025 (1380)	21
Southfields Drive† ..	a.m.	9 (—)	19 (—)	103 (—)	122 (—)	14
	p.m.	9 (—)	18 (—)	170 (—)	188 (—)	21
Totals	..	598 (597)	1742 (1799)	7853 (7742)	9595 (9541)	16

*Closed 16th October, 1953. †Opened 23rd October, 1953

The movement of population into new houses makes it difficult to equalise the work at the clinics already established. It has been recognised for several years that clinic facilities on the new housing estates are not available and it is hoped to remedy this in due course.

During the year the two sessions previously held at St. Christopher's were transferred to more convenient rooms in Southfields Drive Library.

Premature Infants

Circular 20/44 of the Ministry of Health, dated 22nd March, 1944

In the Table, there are 19 infants who were born at home and transferred to hospital and of these 15 survived up to the 28th day after birth. The one premature infant transferred from a private nursing home to hospital also survived to the 28th day.

PREMATURITY

Number of premature live births notified (as adjusted by transferred notifications):
(*a*) In Hospital .. 151. (*b*) At Home .. 112. (*c*) In Private Nursing Homes .. 18. Total .. 281

Number of premature still-births notified (as adjusted by transferred notifications):
(*a*) In Hospital .. 51. (*b*) At Home .. 13. (*c*) In Private Nursing Homes .. — Total .. 64

WEIGHT AT BIRTH	PREMATURE LIVE BIRTHS															PREMATURE STILL-BIRTHS		
	Born in Hospital			Born at home and nursed entirely there			Born at home and transferred to Hospital on or before 28th day			Born in Nursing Home and nursed entirely there			Born in Nursing Home and transferred to Hospital on or before 28th day					
	Total	Died within 24 hrs. of birth	Sur-vived 28 days	Total	Died within 24 hrs. of birth	Sur-vived 28 days	Total	Died within 24 hrs. of birth	Sur-vived 28 days	Total	Died within 24 hrs. of birth	Sur-vived 28 days	Total	Died within 24 hrs. of birth	Sur-vived 28 days	Born in Hos-pital	Born at Home	Born in Nurs-ing Home
(*a*) 3 lb. 4 oz. or less (1,500 gm. or less)	27	8	7	3	2	1	7	1	5	–	–	–	1	–	1	24	7	–
(*b*) Over 3 lb. 4 oz. up to and including 4 lb. 6 oz. (1,500—2,000 gm.)	28	2	21	4	–	4	7	–	6	4	–	4	–	–	–	15	4	–
(*c*) Over 4 lb. 6 oz. up to and including 4 lb. 15 oz. (2,000—2,250 gm.)	37	2	34	16	–	16	1	–	–	3	–	3	–	–	–	6	–	–
(*d*) Over 4 lb. 15 oz. up to and including 5 lb. 8 oz. (2,250—2,500 gm.)	59	–	58	70	1	65	4	–	4	10	–	10	–	–	–	6	2	–
TOTALS ..	151	12	120	93	3	86	19	1	15	17	–	17	1	–	1	51	13	–

Of the 93 premature infants born at home and remaining at home, 86 survived to the 28th day. Of the seven children who did not survive, three died within 24 hours of birth, while the remaining four survived to three, three, six and 15 days respectively. This survival rate of premature infants cared for at home is a tribute to the care and skill given to them by midwives. During the year special equipment, including six Sorrento cots, was made available for premature infants remaining at home. In close co-operation with the City Ambulance Station, where the equipment is stored, it is available on demand by the midwives whenever required. The demand has not been as great during this first year as was anticipated, probably due partly to the fact that midwives have improvised for so long that they have not always availed themselves of the new facilities. A slight deterrent has been the responsibility for the safety and care of equipment in some homes.

Concerning the 17 premature infants who remained in a Nursing Home, they all survived to their 28th day.

Concerning the 151 children born in hospital, 120 survived to the 28th day. Of the 31 who did not survive, 12 died within 24 hours of birth.

Ophthalmia Neonatorum, 1953

Cases notified during the year	1
Visited by Health Visitors	1
Removed to hospital	–
Treated in hospital	–
Result of Treatment :	
Vision unimpaired	1
,, impaired	–
,, lost	–
Still under treatment at end of year	–
Patients died	–
Removed from district	–
Total	1

Birth Control Clinic

The following figures refer to the year 1953 :

	City	*County*	*Total*
Number of patients who sought advice	242	146	388
Number of patients who were accepted for advice	238	146	384
Number of patients who were refused advice	4	–	4

Concerning the 384 women accepted for advice, the following are the medical reasons for which the advice was given.

	City	*County*	*Total*
Husband :			
Active Tuberculosis	7	2	9
Other diseases	4	2	6
Children :			
Congenital defect	–	1	1
Patient :			
Nervous debility	15	6	21
General debility	147	92	239
Pulmonary Tuberculosis	10	18	28
Heart disease	1	–	1
Kidney trouble	1	1	2
Toxæmia of pregnancy	13	9	22
Obstetric complications	21	4	25
Gynæcological conditions	1	–	1
Various other conditions	18	11	29

Cases in which advice was refused

Advice was refused to four women, all City patients. In all of them there were no medical grounds for the advice to be given.

Schools for Mothers and Child Welfare Centres

(Corresponding figures for the previous year in brackets)

Number of Child Welfare Centres		25		(26)
Number of Medical Weekly Sessions		28		(28)
Number of Sessions held		1,389		(1,390)
Total attendances of Mothers		56,155		(58,309)
Total attendances of Children:				
Under one year old	46,352	65,882	(46,712)	(66,907)
Over one year old	19,530		(20,195)	
First visits of Children :				
Under one year old	3,917	4,494	(3,600)	(4,274)
Over one year old	577		(674)	
Number of sessions at which a doctor was present		1,348		(1,305)
Number of children seen by a doctor		23,878		(23,394)

There were no new sessions, as such, opened during the year, but premises at Aylestone Road which had been used for a weekly session for very many years ceased to be available to the Department. The opportunity was therefore taken to open an additional weekly session on the Saffron Lane Estate ; very convenient premises were offered to us at Southfields Drive Library and the clinic work was transferred there, the additional session offering facilities for mothers on the adjacent housing estate, Eyres Monsell.

The absence of suitable accommodation has made it impossible to hold clinic sessions on the Stocking Farm, Thurnby Lodge, Goodwood and Eyres Monsell Estates.

The attendance of doctors at the Centres was well-maintained during the year under review ; this is made possible by the use of part-time Medical Officers when they are available.

The average number of children seen by a doctor at each session was 17.7.

Promotion of Cleanliness and Good Habits and the Elimination of Verminous Conditions. (Circular 2,831 of the Ministry of Health, dated July, 1943)

Ascertainment

The method and classification, as previously described, remain unchanged.

The number of children under five years of age known to the Department to be persistently verminous during the year under review was 14, and, as previously, they belonged to families where the mother was not unduly concerned about the presence of head lice.

Method of Cleansing

In the small number of children requiring cleaning, members of the staff, including the Home Help Service, have assisted the mothers to achieve the desired results.

Treatment at Clinics

Despite the fact that certain treatment centres have passed, for administration purposes, to the Regional Hospital Board, there has been so little disturbance of personnel that mothers and children are scarcely aware of any alteration.

Artificial Sunlight

The number of children referred to the clinic was 182, as against 195 for the previous year.

The number of children who completed treatment was as follows :

	Good Results		Fair or Unchanged		Total
Infants :	Boys	Girls	Boys	Girls	
Rickets	9	5	—	—	14
Poor general condition	7	7	—	1	15
Anorexia	4	10	—	—	14
Respiratory Catarrh	8	7	1	1	17
Skin Infections	1	1	—	—	2
Anæmia	1	—	—	—	1
Alopecia	2	1	—	—	3
Totals	32	31	1	2	66

Other Clinics

There were 85 children under five years of age admitted to the Ear, Nose and Throat Clinic, 128 to the Eye Clinic, 246 to the Skin and Minor Ailments Clinic, 164 to the Orthopædic Clinic and two to the Rheumatism Clinic.

Day Nurseries

The administrative staff remains as previously reported.

During the year the Health Committee decided, on the grounds of economy, to discontinue the training course for Nursery Nurses, but agreed that students already accepted for training, or in training, should be afforded facilities to complete their studies.

This decision will mean that in September, 1954, there will be only about 40 students in training and by the autumn of 1955 these students will have completed their Course.

Students were accommodated in some four hostels and in anticipation of the reduction in numbers, it was possible to discontinue using two of the larger hostels and to accept less accommodation in a smaller hostel, as a temporary measure.

Attendances at each Day Nursery are detailed below :

Day Nursery	Attendances	Daily Average
St. Martin's	10,833	44.21
Glen Street	10,131	41.35
Fosse Road	7,177	29.29
Fairway	7,139	29.13
New Walk	7,981	32.57
College Street	7,475	30.51
Bradgate Street	9,347	38.15
Belgrave House	10,722	43.76
Bedford Street	10,841	44.24

Day Nursery	*Attendances*	*Daily Average*
Sparkenhoe Street	12,730	51.95
Braunstone Park	8,576	35.00
Frank Street	10,285	41.97

Number of children on the register	584
Number of approved places	565
Average attendance in 1953	462.19

From the above figures, it will be seen that attendances were not up to capacity. While allowing for a marked drop in attendances during bank holiday weeks and school closure periods, the attendances still fall short of capacity due to the presence of Sonne Dysentery in one or another nursery almost throughout the whole period under review.

As and from 11th May, 1953, it was decided that the charge for the Day Nursery Service should be increased to 5s. per day per child, and that an assessment be made when the parents considered they were unable to pay the full charge. Previously the charge had been 2s. 6d. per day without any assessment.

This change of policy necessitated the centralising of the awarding of vacancies.

Financial circumstances are assessed and verified, in confidence, where necessary. Other needs are the subject of an independent report by the Health Visitor on the need for a vacancy.

Concerning the demand for vacancies, occasionally it is difficult to find a vacancy for a child of a certain age group in the nursery of the mother's choice, but it is correct to say that, in general, there are no waiting lists at any of the nurseries, though some nurseries are more convenient to the mothers than others and therefore run nearer to capacity.

Nurseries and Child Minders Regulation Act, 1948

Of the industrial nurseries registered in 1948, two continued to function and are supervised regularly from this Department.

In addition there is one play-group.

Concerning the daily minders, the actual number of persons registered under this Act is 12. Before registration they are visited by a senior member of the Health Visiting Staff and after registration the Health Visitor for the area pays monthly visits and reports on the circumstances at that time.

But this Act does not in any way cover the supervision of the large number of children known in this city to be minded by day for gain.

On one day in the Department there were known to the Health Visitors no less than 700 children who were placed with daily minders ; Health Visitors felt that during school holiday periods this number increased and, in fact, could easily be doubled. The last time the Department did a calculation during the school holidays, the number was over 1,700.

Concerning the supervision of these children, there is no difficulty with the good minder and the Health Visitor pays a visit during the evening or Saturday morning when she requires to see the parents. The supervision of the less satisfactory minder is not so easy. To apply the principle of selective visiting these children would receive more frequent visits than well-minded children of the same age. It is the child who is known to be looked after unsatisfactorily who is the chief difficulty. The Health Visitors have devised many methods to meet this situation and they would welcome legislation if it would make it possible for them to have oversight of all children minded for reward.

The Care of Illegitimate Children

Circular 2866 of the Ministry of Health, dated October, 1943

In accordance with the provisions of the above Circular, a scheme has been in operation since 1st April, 1944, in collaboration with the Diocesan Moral Welfare Association.

Full details were given in the 1944 report.

Analysis of the work done during 1953 is as follows :

Number of cases notified by City Health Department ..	267
Number of cases referred from other sources	43
	310

Practical ways in which mother and children have been helped :

By admission to voluntary Homes and Hostels* ..	30
By provision of clothing, cots, prams, etc.	6
By finding lodgings	4
By finding foster homes	4
By finding work	5
By arrangements for non-residents in City to return to their own homes	6
In obtaining affiliation orders	9
In arranging private agreements	16
In obtaining financial aid through voluntary societies ..	4
By advice and guidance on questions of adoption, affiliation, confinement arrangements, etc.	107

*The fees paid to the Homes and Hostels were made up as follows :

Paid for entirely by the City Health Department (mother's age 15)	1
Paid for by City Health Department and mother's insurance	12
Paid for by City Health Department, putative father and mother's insurance..	6
Paid for by parents of mother and putative father ..	1
Paid for by putative father and mother's insurance ..	4
Paid for by parents of mother and mother's insurance..	5
Paid for by mother's savings and insurance	1
Total	30

Position of children at end of year :

Living with unmarried mother in her own home ..	40
Living with unmarried mother in lodgings ..	10
Living with unmarried mother in residential post ..	2
Living with unmarried mother in Home or Hostel ..	3
Living with mother married to putative father ..	4
Living with parents who are not married	3
Living with foster parents	5
Living in Local Authority Nurseries (temporarily) ..	7
Adopted, or placed for adoption	17
Mother removed before birth of child	6
Mother and child removed to other areas (referred to local workers)..	2
Cases referred to other agencies	3
Children died	5
Children born in City from County addresses—referred to County Moral Welfare Workers	39
Health Visitors' reports "No help required at present" (Of these, 96 were cases of cohabitation and there were 68 other cases) .. .. .. · ..	164
	310

The Moral Welfare Association has also dealt with 62 cases not included in the above figures ; 37 concerned children born before 1953, and 25 mothers whose children are expected in 1954.

Adoption of Children (Regulation) Act, 1939

The Leicester Diocesan Moral Welfare Association continues as the Registered Adoption Society for the City and County.

Details of the work of the Society during 1953 are as follow :

Number of applications from persons wishing to adopt a child	69
Number of children offered to the Society with a view to adoption	56
Number of children taken into Hostels under the direct control of the Society pending adoption	Nil
Number of children placed by the Society pending adoption in Foster Homes or Hostels not under the direct control of the Society	11
Number of children placed with a view to adoption	47*
Number of adoption orders made in respect of children placed by the Society	38 (including 1 interim order)
Number of children placed for adoption by the Society and awaiting adoption orders at the end of the year	26
Number of children in Hostels under the direct control of the Society at the end of the year	Nil
Number of Children at the end of the year in Foster Homes or in Hostels in which they had been placed by the Society but which are not under the Society's direct control	Nil

*One child withdrawn from adopters during probationary period.

NATIONAL HEALTH SERVICE ACT, SECTION 23

MIDWIFERY

Midwives

During the year 1953, 124 midwives notified their intention to practise. Of these, 30 were municipal midwives, nine were midwives in independent practice and the remaining 85 were practising in maternity hospitals and maternity homes.

THE MUNICIPAL MIDWIFERY SERVICE

SUMMARY OF WORK DONE BY MUNICIPAL MIDWIVES

Area	No. of Midwives	Cases Attended	Gas and Air Administered	Pethidine administered	VISITS		
					Post-natal	Ante-natal	Total
1	4	306	260	71	5,033	1,311	6,344
2	4	305	275	50	5,762	2,062	7,824
3	5	332	302	102	7,442	3,175	10,617
4	3	199	159	93	3,634	1,020	4,654
5	4	298	254	131	5,207	1,695	6,902
6	4	339	288	143	6,015	1,411	7,426
7	2	163	142	97	3,021	547	3,568
8	1	73	62	40	1,384	375	1,759
Totals	27	2,015	1,742	727	37,498	11,596	49,094

The establishment figure for municipal midwives is 28.

The number of patients attended by municipal midwives in 1953 was 2,015, that is 126 more than the previous year ; owing to staff shortages, municipal midwives had an average case load of 74.6. This figure is a reasonable one when allowances are made for unexpected sick leave, for long maternity leave and for staff vacancies. The case load is offset by the presence of pupil midwives and as far as possible all the municipal midwives in a team are approved to be district teachers so as to facilitate the training of pupil midwives on the district.

During the year, while there were long continued vacancies on the staff, the service was maintained by the employment of part-time midwives to undertake post-natal duties, leaving the permanent staff to attend the confinements.

Analgesia

It is gratifying to note that the number of patients who received gas and air was 1,742, that is 86 per cent of the total confinements attended.

In addition, an analgesia drug (pethidine) was administered to 727 patients.

The midwives are very appreciative of the co-operation of the City Ambulance Service in the matter of the maintenance and the delivery of the gas and air machines.

National Health Service Act and Midwifery

A small liaison committee, comprising four General Practitioner/Obstetricians, four Municipal Midwives, together with the Medical Officer of Health and the Medical Supervisor of Midwives, continues to function and it is evident from the matters brought up for discussion to this Committee that it is of great value in maintaining the closest co-operation between Midwives and General Practitioner/Obstetricians. The cordial relationship between these two professions is shown by the fact that the autumn meeting in 1953 took the form of a tea party at the house of one of the General Practitioner/Obstetricians.

The following figures indicate the distribution of work between midwives and doctors concerning the 1983 deliveries attended by midwives in the area during the year.

Deliveries attended by a midwife :

(*a*)	(i) When a doctor was not booked but was present at time of delivery	60
	(ii) When a doctor was not booked and was not present at time of delivery	674
(*b*)	(i) When a doctor was booked and was present at time of delivery	479
	(ii) When a doctor was booked and was not present at time of delivery	770
	Total	1,983

Consultation has been taking place for a considerable time concerning the notification to the Health Department of patients discharged from maternity units.

One maternity unit had always supplied detailed information in writing in advance of a patient's discharge. A Circular from the Regional Hospital Board caused our consultations to be resumed and by the end of the year under review, a satisfactory scheme had been devised and was put into operation.

The Local Health Authorities and the Hospital Authorities agreed on a type of discharge note to be used ; this is sent out to the Medical Officer of Health in advance of a patient's discharge, where possible. If the discharge note has not been sent, particulars are telephoned in advance so that the follow-up may be continuous during the 28-day puerperium. In general, the health visitor takes over the supervision of maternity patients at the 14th day, but where this is not possible, the midwife supervises until the services of a health visitor are available.

Special Item

Mention was made in the last report of a claim for industrial injury benefit and an important decision for municipal midwives.

During the present year another midwife sustained an injury of precisely the same nature and under comparable circumstances. In this instance the industrial injury benefit was paid, without dispute, from the date of the injury.

It is a great pleasure to record that Mrs. S. E. Dodson, who has been a midwife on the staff of the Department since 1937 (having been in private practice for 12 years previously) was awarded the Coronation Medal. It is also gratifying to know that the selection of Mrs. Dodson for this honour afforded great pleasure to all the municipal midwives, as Mrs. Dodson had been a devoted midwife and colleague and had triumphed over a severe and progressive physical handicap.

Health Visiting and the School Health Service

The co-ordination of these two services, agreed in 1947, continues as each new appointment to the service is made, but it is inevitable, while there are members of the School Health Service who are not trained as Health Visitors, that combined duties are not undertaken by all members of the staff.

Training School for Health Visitors

This School was opened in July, 1948, and by the end of 1953, 128 persons had successfully passed their examination.

Of these, 43 were bursary students and they have joined the staff for a minimum period of 18 months.

While it is understandable that many of the bursary students leave the Department at the end of their contract service in order to gain experience with other local authorities, it is recognised that the Training School provides us with staff who would otherwise not be available to the Department.

NATIONAL HEALTH SERVICE ACT, SECTION 26

VACCINATION AND IMMUNISATION

Diphtheria Immunisation

Facilities for immunisation against diphtheria are available at all Child Welfare Centres at their weekly sessions and at Day Nurseries. There is also a central clinic at the Milk Depot, 13 Crescent Street, which is open each Saturday morning.

Birthday cards are still used for propaganda purposes.

The following are the figures of the number of children immunised up to the 31st December, 1953.

Under 1 year of age	580
1 year of age	2,636
2 years of age	2,997
3 years of age	3,098
4 years of age	3,244

Vaccination

Under the National Health Service Act, facilities for vaccination are provided at the clinic premises at 13 Crescent Street each Saturday morning (when another clinic is also held). The requests for vaccination are very few, namely 86 children and 34 adults vaccinated and three children and 18 adults revaccinated.

NATIONAL HEALTH SERVICE ACT, SECTION 28

As recorded under Section 22, the Health Visitor is taking on additional duties in the Department. The work of Tuberculosis Care and After-Care is the responsibility of the district Health Visitor and, despite the administrative difficulties, she is made available for attendance at the Chest Clinic when patients from her area are called up for review.

There is no definite scheme of after-care of patients discharged from hospital ; in the absence of routine information in this matter the follow-up is undertaken only when there is a special request from the hospital staff.

The after-care of children returning home from hospital is well done because the health visitor is directly in touch with the children's wards of the various hospital units.

Discharge notes concerning maternity patients are referred to under Section 23.

NATIONAL HEALTH SERVICE ACT, SECTION 29

DOMESTIC HELP

(Mrs. P. E. STEED, Organiser)

Home Help Service

Development of the Service, 1953

Proposals for the expansion of the Home Help Service during 1953 to a final establishment of 300 Home Helps had to be abandoned for reasons of financial economy. In the face of a steadily increasing demand for the Service and a need, revealed during an experiment with a Night Help Service in 1952, for a service operating at all hours of the day and night, Organisers and Home Helps took council together to find a way of equating the limited supply with an apparently limitless demand.

This situation gave the impetus to two interesting experiments. One was the grouping of Home Helps into pairs or teams to cover those homes where long-term occasional help was needed, homes which in times of stress had to be neglected. We had found in the past that many old people, whose need was of the type described and who were not actually bedridden, tended to become so if help was withdrawn for a time and in this way they eventually became a load on the demand for daily help. Statistics show that through this experiment in team care, with fewer Home Helps on the establishment, we were able to look after greater numbers in this group of ambulant old people. The number helped in the last week of December, 1953, was 509, as against 398 in the corresponding week of the previous year. Our second experiment was the setting up of a volunteer team of some 25 Home Helps whose own domestic circumstances permitted them to be available for duty at any hour of the day or night or on any of the seven days of the week. This team has done valuable pioneer work during the year and through their efforts the scope of the Service has been widened to meet a very urgent need among acutely sick, friendless people, among tired relatives in need of relief for one or two nights in caring for sick persons, and among families in occasional emergencies when young children are left without an adult to care for them.

This was an exceptional year in the history of the Home Help Service in Leicester when, for the first time, recruitment had to be slowed down, not even to replace turnover but to keep expenditure on the pay roll of the Service within a defined weekly limit; and we find that at the end of 1953 the number of 234 Home Helps employed on 1st January and 250 on 1st April had fallen to 221. In spite of this, the total number of homes helped in the year shows an increase from 2,125 in 1952 to 2,747 in 1953, a tribute to the co-operation and understanding between Home Helps, householders and organising staff. As organiser, I would like to record our appreciation of the help and advice given to us by many family doctors in the city in assessing the relative need for our services among patients in their care. With this help and with the continued goodwill of health visitors, home nurses, midwives and other social workers, we were able to organise the Service so that the limited resources were put to the best and fairest use.

Training of Home Helps

We have again been indebted to the Education Department and particularly to the Principal of the Central Institute for arranging Preparation Courses through the year for our candidates. Five such courses were held. New features introduced during the year have been visits to a nurses' home and home visits in the company of experienced Home Helps. After the Preparation Course these more experienced members of the Service continued to help in the training of their new colleagues during the probationary period of three months. Problems and suggestions are pooled in regular group discussions.

We would like to thank Miss Wilson, Mrs. Kelly and Mrs. Watt of the Education Department, Miss M. Ash, M.B.E., the Senior Health Visitor, Miss Ratcliffe, Senior Superintendent of the Queen's District Nursing Service and Mr. Harris, the Health Education Assistant, for their continued help in giving lectures and demonstrations.

Home Help Service Film Strip

In May the Director of "Camera Talks", Film Strip Producers and Distributors, came to Leicester to take photographs for use in a Film Strip on the Home Help Service to be distributed at a national level. The script had been prepared in this Department and with the goodwill and co-operation of a number of people, notably of the Headmistress of the Mundella Girls' School who loaned the demonstration flat in the school premises for the occasion and of several householders, who allowed us inside their homes, the 35 photographs required for the strip were taken in one day. The Film Strip is now completed and is used in Leicester and other parts of the country for training and publicity.

The Work of the Service during 1953

The following statistics give an indication of the relative demand for the Service in the different categories of emergency in the home covered by Section 29 of the National Health Service Act.

Homes Helped

Emergency	*No. of Homes covered*
(i) Maternity	1,012
(ii) Child Welfare	312
(iii) Tuberculosis	129
(iv) Others (including the aged and long and short term sickness)	1,294
Total	2,747

The duration of help received varied from one day in a few emergencies in groups (ii) and (iv) to twelve months in groups (iii) and (iv).

A clearer picture of the scope of the Service is given by the following statistics of homes and persons helped during a sample week when there were 188 Home Helps on duty :

Week ending 18th December, 1953

(*a*) Homes helped :

Emergency	*No. of Homes covered*
(i) Maternity	47
(ii) Child Welfare	46
(iii) Tuberculosis	46
(iv) Others	483
Total	622

(*b*) Persons helped :

Group	*No. of Persons*
(i) Mothers	47
(ii) Children	299
(iii) Tuberculous People	50
(iv) Old People	525
(v) Sick People	138
(vi) Other members of the family	203
Total of Persons helped	1,262

Under groups (i) and (ii) of the homes helped we include "problem" families, those families consisting of a parent or parents and children, whose family life and standards of living do not conform to the standards generally accepted in the community. In the Home Help Service the work that we do for these families can be divided into two classes. The first is the straightforward tackling of those who have already become a public scandal and are referred to us by some other social worker, the health visitor, the school welfare officer, the housing authorities, the N.S.P.C.C., or often the family doctor. These we can enumerate and describe, especially since we began to use picked Home Helps and special techniques which we might call curative. The second class is the help of a preventive type given by an understanding Home Help to the problem family in embryo, to children who are obviously misfits in the family, to teen-agers who are getting into bad company, to the young couple whose marital disharmonies or housekeeping disorders are revealed perhaps during the Home Help's attendance when the first baby is born. The Home Help lives with the family, for a short time at least, and from her intimate knowledge can sometimes put her finger on the cause of the trouble. It is hard to estimate the amount of work done in this way, but my observation is that many young mothers confide in the Home Help, especially if they have a difficult relationship with their own mothers and that children who have become unruly, feeling themselves unwanted, will often relax with a new "Auntie". Good Home Helps usually keep in touch with these children, take them out for little "treats" and sometimes introduce them for the first time to orderly ways and consideration for other people. We find, too, that men will often take advice from the Home Help, particularly if she has brought some comfort and peace to their home. I asked a group of Home Helps, working in apparently normal families, to estimate the proportion of these families in which they had to deal with the beginnings of a "problem" and they decided, after some discussion, that it was about one in twenty. This means that among the 1,324 families helped last year under the heading of "Maternity" or "Child Welfare" there were perhaps 66 problem families in embryo.

Concerning the first group mentioned, that is the families to whom the name "problem" could be attached, we have used during the year a selected group of 25 Home Helps who showed a special aptitude for this kind of work. These Home Helps do not work exclusively in problem homes, but combine it with work at unusual hours of the day or night, or work in extremely dirty homes. When a request for help is received the family is passed over to the group working in the particular area where the home is situated. They may give intensive help for a short period, getting the home clean (we have our own equipment if this is lacking), trying to sort out the debts and the family entanglements. This will often include getting the man to work regularly. Then they reduce help gradually, encouraging the mother all the time to take an interest in the improvement of the home and family. After a month or so they may leave the family to manage alone except for an occasional visit. The families may slip back from time to time, but we find that most of them, having learned to trust the Home Helps, are not afraid to ask for help. Of the 43 families referred to us as "problems" during the past year at least six have made a successful recovery and the remainder, with occasional supervision, should maintain a reasonable improvement. Certainly the children are lifted out of the state in which they themselves may be potential problem parents. An interesting development has been that neighbours of our families, who may be in an equally bad way, although they have so far evaded the authorities, will sometimes call in to ask for advice from the Home Help and in certain quarters of Leicester where these families abound it has become quite the thing to do to have a Home Help in time of difficulty, a very different story from the atmosphere of prejudice and suspicion we found when we first undertook the work. The following is an example of one of the successes :

Mr. and Mrs. B. have five children, one two weeks old at the time we were called last year. Mr. B. had served several prison sentences and seemed work-shy, one boy was in trouble with the police, a younger girl had epileptic fits. Mr. and Mrs. B. were notorious for frequent quarrels and fights. The home was in the usual state of neglect. Mrs. B., who was very low after the birth of a baby, fainted in the street one day. The doctor called us in, with a warning. To our surprise, in a few weeks, the Home Help gained the confidence, almost devotion, of the entire family. Mr. B. helped her to distemper the walls, both husband and wife, after a few scenes, accepted her advice on how to clear up their debts and start afresh. The children were unruly but were soon waiting at the gate for the Home Help to arrive in the morning. Mrs. B. went for two weeks to a convalescent home. On her return, finding the house clean and comfortable, she took to housework for the first time under the guidance of the Home Help. Although Mr. and Mrs. B. have been managing alone for six months the home and family are still in a very good condition.

Another aspect of the work of the Service which has developed considerably during the year is the care of certain old people, included in group (iv) of persons helped. These were old people living alone who, by the time we were called in to help them, were in an extremely dirty and neglected state. Some were in need of hospital care but refused to leave their homes. Here we found the team approach, described earlier, most effective and within a reasonably short time these homes were made fit for the home medical care of the patients to be carried out by the doctor and the nurse. One of these old people, whose own condition and that of her home was so bad that action was taken to obtain a compulsory removal order, responded so well to our care that by the time the order could be put into effect it was no longer necessary.

Surveying the work of 1953 as a whole, our conclusions are that, although it was not possible to increase its strength numerically, the Service has developed in other directions, in scope, in efficiency and economy of distribution, in promptitude in emergency and, above all, in a strengthening of co-operation between Home Helps, Organisers and Clerical Staff.

TABLE 9

LIST OF REGISTERED NURSING HOMES

(INCLUDING MATERNITY HOMES)

Address	No. of Beds
9 Mere Road	1
Stoneygate Nursing Home, Stoneygate Road	10
39 Scraptoft Lane	8
"Broadview," Goodwood Road	5
Central Nursing Home, 6 University Road	15
Sundial Nursing Home, Aylestone Road	20
St. Francis Private Hospital, 362 London Road	31
Springfield Road Rest Home, 35 Springfield Road	8
The Lawn Nursing Home, London Road	22
"Meadowbank" Nursing Home, 13 Park Hill Drive	4
Dane Hills Convent	56

GENERAL

Puerperal Pyrexia

During the year there were 164 cases of Puerperal Pyrexia notified and particulars are given below as to the place of confinement and of treatment.

Amongst the 164 patients were seven cases of abortion.

When a patient confined at home has Pyrexia, unless Puerperal Sepsis can be excluded as the cause, she is transferred to the Puerperal Fever Unit of the Isolation Hospital. If she remains at home, the district nurses are asked to take over and act as maternity nurses, leaving the midwife to continue her practice.

Number of cases of Puerperal Pyrexia notified during 1953		164
Number of patients confined :		
(*a*) At home	39	
(*b*) In Hospital or Nursing Home	125	
	——	164
Number of patients treated :		
(*a*) At home	28	
(*b*) In Nursing Home or Hospital	116	
(*c*) Transferred to Isolation Hospital ..	20	
	——	**164**

Registered Nursing Homes

Concerning the ascertainment of such homes which have not been registered, this is a matter which is constantly kept in mind by the health visitors and midwives. During the year two premises were visited where it was known that patients were being cared for in an unregistered home. The transfer of the patients was promptly undertaken. There is the closest co-operation with the Welfare Department in the matter of premises which should be considered for registration either as a Nursing Home or an Old People's Home.

Staff

Dr. Marjorie Smith Wilson, who joined the staff of the Department in July, 1951, tendered her resignation which took effect on the 31st December, 1953.

E. B. Berenice Humphreys.

May 1954.

APPENDIX III

Maternity and Child Welfare Dental Service Report

for 1953

by

C. A. REYNOLDS, L.D.S. R.C.S.

Chief Dental Officer

There was no improvement during the year in the staffing position of the local authority's priority dental service in spite of repeated advertisements. One session a week at each of the three dental clinics, London Road, Overton Road and Cort Crescent, remained the limit of the time available for the maternity and child welfare dental service. All that can be said is that this time was sufficient to deal with the immediate demand for treatment and no patient was turned away. Patients are referred to the dental clinic by the medical officers in charge of the ante-natal and welfare centres.

That there is a need for treatment is very apparent from inspections I carried out of a section of mothers at two of the welfare centres. There were found those with good dentitions but in need of treatment for early caries and most of these were willing to obtain that treatment after inspection ; but it is doubtful if they would have made the effort to visit a dentist for inspection—as is the routine advice of the medical officers at the centres—until pain occurred. Others were in extreme need of treatment to an extent which could well be injurious to their own health and that of the unborn babies, but these had already refused dental treatment and continued steadfastly to do so.

Oral hygiene in many was very neglected and gingivitis was not uncommon. Some of these were persuaded to have "a general clean-up."

Because of the limited numbers—from the dental inspection angle—that can attend at a session at welfare centres and because of the disappointing number of acceptances of treatment from those referred, further inspections are felt to be too costly in time and cannot be justified while the dental staff is depleted, with the exception of Cort Crescent where there is a dental officer on the spot who can inspect without unduly disturbing a treatment session.

Comparing the "Details of Treatment" table with that of the previous year it will be seen that while the number of mothers treated increased, fewer had dentures fitted and more conservative work was carried out.

Work for pre-school children was largely limited to relief of pain, and the use of general anæsthetics for cases where more than one or two teeth have to be extracted is becoming the rule rather than the exception as in the past.

Since arriving in Leicester I have been surprised to see so many children of pre-school age—not necessarily attending as patients—who suck dummies. This is a horrid habit to start and often most tantalising to cure. Most frequently dummies are first smothered with some sticky sweet substance for the infant's delight and this in itself encourages dental caries. The dummy is a disfigurement in itself to any child's face, but the disfigurement and deformity that it can and so often does cause in jaws and teeth may be seen long after its use has been discontinued—even permanently. Thumb or finger sucking, with their own typical deformities, follow after the dummy is discarded. It is no coincidence that so many school children in Leicester require orthodontic treatment. Much is directly attributable to these sucking habits. There can be no excuse for starting the filthy dummy habit and finger and thumb sucking should be discouraged from the very earliest days and definitely stopped, at the latest, by the time a child is two years old.

C. A. REYNOLDS,

Chief Dental Officer

DENTAL TECHNICIAN SERVICE

TOTALS FOR MATERNITY AND CHILD WELFARE SERVICE

From 1st January to 31st December, 1953

Total Number of Patients Receiving Appliances in this Period : 45

Appliances as supplied . .	Full Upper and Lower	Full Upper and Part Lower or Full Lower and Part Upper	Part Upper and Lower	Full Upper or Full Lower	Part Upper or Part Lower	Repairs etc.
No. of Patients	17	2	3	—	12	11

Columns 1, 2 and 3 should be multiplied by two to arrive at the number of appliances supplied.

Total Number of Appliances etc. : 67

This service is carried out at the Education Department's Laboratory at Overton Road.

MATERNITY AND CHILD WELFARE, 1953

Details of Treatment, etc.	Pre-School Children	Adults	Total
Sessions devoted to Treatment	116		116 (107)
Patients treated . .	136	230	366 (321)
Daily Attendances . .	179	584	763 (731)
Extractions—Permanent Teeth	—	609	609 (506)
Temporary Teeth	302	—	302 (311)
General Anæsthetics . .	66	7	73 (16)
Fillings—Permanent Teeth	—	104	104 (55)
Temporary Teeth	6	—	6 (11)
Scalings	—	43	43 (44)
Dressings	1	54	55 (75)
*X-Rays	—	—	— (—)
Prosthetic Operations . .	—	163	163 (215)
†Dentures	—	56	56 (74)
Patients to whom dentures have been supplied . .	—	34	34 (42)
Denture repairs . .	—	11	11 (8)

(1952 figures in brackets)

*Facilities are available at Richmond House Dental Clinic.

†Includes 33 Full Dentures and 23 Partial Dentures.

During the year 130 appointments were not kept.

MATERNITY AND CHILD WELFARE SERVICE, 1953

(*a*) Numbers provided with Dental Care :

	Examined	Needing Treatment	Treated	Made Dentally Fit
Expectant and Nursing Mothers . .	251	205	230	125
Children under 5	152	138	136	136

(*b*) Forms of Dental Treatment provided :

	Ex-tractions	Anæsthetics		Fillings	Scalings or Scaling and Gum Treatment	Silver Nitrate Treatment	Dressings	Radio-graphs	Dentures	
		Local	General						Complete	Partial
Expectant and Nursing Mothers	609	185	7	104	43	—	217	—	33	23
Children under 5	302	82	66	6	—	—	1	—	—	—

APPENDIX IV

Report of the City Analyst

for the year 1953

by

F. C. BULLOCK, B.Sc., F.R.I.C., P.A.Inst.W.E.
(Public Analyst and Official Agricultural Analyst)

To the Chairman and Members of the Health Committee :

I beg to present the Report of the work carried out in the City Analyst's Laboratory during 1953. It is a record rather of sustained effort on straightforward work under difficult conditions, than a report of anything sensational. Few legal proceedings have been taken, but steady pressure has been maintained in many directions to try to carry out our duty of protecting the Public in their Food and Drug supply.

But 1953 proved a significant year in two respects : the number of samples submitted to us from many quarters reached the ten thousand mark for the first time, and the principle was accepted that our premises in Grey Friars had finally served their purpose, and were now no longer adequate for the many calls upon our services. We moved to our present accommodation, a well-built, old private house, on the 30th March, 1954, and I would like to record here my thanks to the Members of the Health Committee for appreciating our need, and, in particular, to Alderman F. J. Jackson, the Chairman, for stating a convincing case. While an adaptation, however ingenious, cannot be expected to produce an ideal up-to-date Laboratory, our new premises provide much better accommodation in a more suitable district, and conditions infinitely better in many vital respects, than we enjoyed previously.

The record number of samples handled, in spite of staff changes referred to hereafter, indicate the good work put in by all members, and show that interest was maintained, by those who left, right up to the end. I wish to thank, in particular, Mr. Pike, the Deputy, and Miss Brewin, the Clerk, the only two present members who were with me throughout the year, and Miss Ives, who filled her own particular niche of water control with great efficiency up to the date of her resignation.

STAFF

During the year, and up to the time of writing (May, 1954), we have had an almost complete change of staff.

Wedding bells rang out for three of the female members, Miss Webb, Miss Humphreys and Miss Ives, who left the Department in October, and December, 1953, and February, 1954, respectively.

Mr. Duncan joined a branch of the Civil Service in September, 1953, after five years with this Department.

Miss Taylor, one of the clerks, obtained fresh employment at the end of March, 1954, after six years' service.

Miss Frost commenced her duties in February, 1953, and in November, Mr. Barker and Miss Woolley joined the staff.

Mr. Cassidy became a member of the Department on the 1st January, 1954, and Mr. Smart on 1st May, 1954.

The vacancy in the clerical section was filled in April, 1954, by Mrs. Williamson.

After so many changes, we would like to look forward to a long period of greater stability. Whether this time next year or the year after, we shall share Dr. Johnson's cynicism on the triumph of hope over experience, remains to be seen.

The staff at the present time is detailed below :

Public Analyst, Official Agricultural Analyst :
F. C. Bullock, B.Sc., F.R.I.C., P.A.Inst.W.E.

Deputy Public Analyst, Deputy Official Agricultural Analyst :
E. R. Pike, A.C.T.(Birm.), M.P.S., F.R.I.C.

Senior Assistant Analyst : W. Cassidy, B.Sc.(Tech.), A.M.C.T.

Assistant Analysts : Miss R. J. Woolley, B.A.(Mod.) (Dublin), J. Smart

Laboratory Assistants : Miss S. A. Frost, M. R. Barker

Clerical Staff : Miss J. L. Brewin, Mrs. D. E. Williamson

Laboratory Attendant : Mrs. E. Keller

NEW AND REVISED LEGISLATION DURING 1953

The following paragraphs include the main Orders, etc., affecting the work of the Public Analyst and Official Agricultural Analyst.

The Meat Products (No. 3) Order, 1952 (S.I. 1952, No. 2257)

This Order (Circular M.F.1/53) came into operation as from 1st January, 1953, and replaced the Meat Products (No. 2) Order, 1952, as amended.

Under the Order the minimum meat content requirements for uncooked pork and beef sausages were retained, but minimum meat contents for a number of other meat products were not renewed.

The meat content for uncooked pork sausage and sausage meat (including pork slicing sausage) was retained at 65 per cent (of which not less than 80 per cent shall be pork).

Uncooked beef sausage and sausage meat, including beef slicing sausage, must contain not less than 50 per cent meat. The prohibition against the use of certain offals in uncooked pork or beef sausage was continued.

Offals in Meat Products Order, 1953 (S.I. 1953, No. 246)

This Order came into operation on 1st March, 1953, and prohibits the use of certain offals in the composition or preparation of uncooked open meat products intended for sale or sold for human consumption. (Prohibited offals includes brains, feet, fries, gut (including chitterlings), manifolds, paunches, udders, sweetbreads, tripe, melts or lites, spinal cord, uteri, pigs' maws and calves' vells.

Canned Corned Meat (Prices) Order, 1953 (S.I. 1953, No. 245)

This Order replaces the Meat Products (No. 3) Order, 1952, as from 1st March, 1953. The provisions in this earlier Order providing minimum meat content standards for pork and beef sausage are not retained so that as from the 1st March, 1953, control over the minimum meat content of these products is revoked.

The Home-Canned Fruits and Vegetables Order, 1950—Revocation of (Circular MF.4/53—16th January, 1953)

The revocation of this Order invalidates the exemption from the need to declare ingredients on labels given in respect of canned fruit and canned vegetables by Table C of the First Schedule to the Labelling of Food Order, 1950, but as it is the intention of the Ministry that trades should have an opportunity of disposing of stocks of home canned fruit and vegetables bearing labels which do not carry a declaration of ingredients, an amendment is being prepared to Item 8 of Table A of the First Schedule to the Labelling of Food Order, to continue the exemption.

The Labelling of Food Order, 1953 (S.I. 1953, No. 536)

Date of operation, 5th April, 1953.

This Order substantially re-enacts in a consolidated and revised form, the Labelling of Food Order, 1950, and its amending Order.

The Food Standards (Preserves) Order, 1953 (S.I. 1953, No. 691)

Date of operation, 1st September, 1953.

This Order, which should be read with the Food Standards (General Provisions) Order, 1944, as amended, replaces the Food Standards (Preserves) Order, 1944, as amended, and prescribes revised standards for jam and marmalade, including ginger marmalade. The standards for fruit curd and mincemeat remain unchanged. The standards prescribed by this Order apply as respects both imported and home produced articles and come into operation in stages.

The Food Standards (Preserves) (Amendment) Order, 1953 (S.I. 1953, No. 1307)

Date of operation, 1st September, 1953.

This amending Order :

(*a*) provides that the revised standards for damson jam, gooseberry and raspberry jam, gooseberry and strawberry jam, packed in a hermetically sealed container prescribed by the Food Standards (Preserves) Order, 1953, shall have effect as respects all sales on and after 1st September, 1953.

(*b*) prescribes revised standards for fig and lemon jam and for rhubarb and ginger jam.

The Food Standards (Ice Cream) Order, 1953 (S.I. 1953, No. 828)

Date of operation, 1st June, 1953.

(1) This Order restores the standard of ice cream to not less than 5 per cent fat, 10 per cent sugar, and 7½ per cent milk-solids-not-fat. Provided that :

(i) Ice cream containing any fruit, fruit pulp or fruit puree shall either conform to the standard set forth above, or alternatively, the total content of fat, sugar and milk-solids-other-than-fat shall be not less than 25 per cent of the ice cream including the fruit, fruit pulp or fruit puree, as the case may be, and such total content of fat, sugar and milk-solids-other-than-fat shall include not less than 7½ per cent fat, 10 per cent sugar, and 2 per cent milk-solids-other-than-fat.

(ii) "Parev" (Kosher) ice cream, offered or exposed for sale under that description shall contain not less than 10 per cent fat and not less than 14 per cent sugar, and the standard for ice cream set forth above shall not apply to this product.

(2) For the purpose of the standards prescribed above "sugar" means sucrose, invert sugar or the solids of any sweetening material derived from starch so, however, that no ice cream shall contain less than 7½ per cent sucrose.

(3) Each reference in this Schedule to any proportion or percentage means proportion or percentage by weight.

The Food Standards (Saccharin Tablets) Order, 1953 (S.I. 1953, No. 1310)

Date of operation, 1st August, 1953.

This Order, which should be read with the Food Standards (General Provisions) Order, 1944, as amended, revises the standard for Saccharin Tablets previously prescribed in the Saccharin Order, 1949 (which is now revoked) and applies the standard to all sweetening tablets containing saccharin.

The Artificial Sweeteners in Food Order, 1953 (S.I. 1953, No. 1311)

Date of operation, 1st September, 1953.

This Order prohibits the use of artificial sweeteners, other than saccharin, in the composition or preparation of any food sold, or intended for sale for human consumption.

The Oils and Fats (No. 2) Order, 1953 (S.I. 1953, No. 1277)

Date of operation, 23rd August, 1953.

This Order replaces the Oils and Fats Order, 1953, as amended. Principal changes are :

(i) The definition of "cooking fats" is revised to exclude all oils and fats other than mixtures containing any of the oils shown in the Second Schedule to the Order.

(ii) Restrictions on the sale of technical tallow and rendered pig fat other than lard are removed and the definition of "lard" is amended to exclude the fat obtained by cooking pork.

The Flour Order, 1953 (S.I. 1953, No. 1282)

Requires the addition of creta præparata to all flour unless it is a flour which contains the whole product of the milling of wheat and no addition whatsoever, and also the restoration of certain specified nutrients (i.e. iron, Vitamin B_1 and nicotinic acid) to all flours of an extraction rate of less than 80 per cent.

The Public Health (Preservatives, etc. in Food) (Amendment) Regulations, 1953 (S.I. 1953, No. 1610)

Date of operation, 11th November, 1953.

These Regulations provide for the sale and importation of certain specified dehydrated vegetables which contain sulphur dioxide within prescribed limits, increase the maximum permitted sulphur dioxide content of jam, permit the presence of diphenyl in citrus fruits imported in wrappers treated with diphenyl, and, for a limited period, the addition of borax to margarine.

The Public Health (Preservatives, etc. in Food) (Amendment No. 2) Regulations, 1953 (S.I. 1953, No. 1820)

Date of operation, 16th December, 1953.

These amending Regulations, which re-enact the Public Health (Preservatives, etc. in Food) (Amending Regulations, 1953) with the inclusion, as required by law, of an expression of the Minister's opinion that certain provisions are necessary for preventing danger to health or otherwise for protecting purchasers, provide for the sale and importation of certain specified dehydrated vegetables which contain sulphur dioxide within prescribed limits, increase the maximum permitted sulphur dioxide content of the jam, permit the presence of diphenyl in citrus fruit imported in wrappers treated with diphenyl and, for a limited period, the addition of borax in margarine.

The Public Health (Condensed Milk) (Amendment) Regulations, 1953 (S.I. 1953, No. 949)

Date of operation, 11th November, 1953.

These amending Regulations permit for a limited period the sale of full cream unsweetened condensed milk, imported by the Minister of Food, containing not less than 7.8 per cent milk fat and not less than 25.5 per cent of all milk-solids including fat.

The Food Standards (Soft Drinks) Order, 1953 (S.I. 1953, No. 1828)

Date of operation, 20th December, 1953.

This Order, which should be read with the Food Standards (General Provisions) Order, 1944, as amended, replaces with certain modifications the standards for soft drinks hitherto prescribed by the Soft Drinks Order, 1947, as amended. The principal changes are :

(*a*) certain medicated and glucose beverages are exempt from the Order.

(*b*) the standards with certain modifications, apply to soft drinks for consumption by diabetics, and to ginger beer and herbal and botanical beers.

(*c*) the description of drinks made from whole fresh oranges has been modified.

(*d*) references to non-alcoholic wine and non-alcoholic cider and non-alcoholic perry are omitted.

The Milk (Great Britain) Order, 1953 (S.I. 1953, No. 726)

Date of operation, 1st May, 1953.

This Order includes in a separate article the standard of not less than 4 per cent of butterfat for Channel Islands Milk.

In addition to the above Statutory Instruments and Orders, certain recommendations relating to the composition of foodstuffs have been made by the Food Standards Committee. Among these are :

(i) the limit of tin in canned foods be reduced to 250 p.p.m. from 286 p.p.m. (2 grains per lb.).

(ii) the fluorine content of certain acidic phosphates used for food purposes and of foods containing acidic phosphates are revised :—

	Article of Food	*Fluorine content*
(i)	Acidic phosphate	30 p.p.m. (originally 300)
(ii)	Baking powder, including golden raising powder	10 p.p.m. (originally 100)
(iii)	Self-raising flour	3 p.p.m. (originally 8)

(iii) antioxidants should not be added to any foods other than to edible oils and fats (but not including butter) and to essential oils, to which it should be permissible to add either or both of the following antioxidants in quantities not exceeding those stated.

Propyl gallate	0.01 per cent
Butylated hydroxyanisole ..	0.02 per cent

MISCELLANEOUS FOOD SAMPLES

The food samples condemned are set out in Table D(*a*).

Rum and Butter Sweets, No. 2539

According to the current "Code of Practice" sweets so named should contain not less than 4 per cent butter fat. This sample contained 2.6 per cent of total fat, the characteristics of which did not support the presence of any significant amount of butter. In correspondence, the firm confessed they were somewhat hazy about the Regulations ; the only "butter" they used was cocoa-butter, and the price they were charging for these sweets, namely 2s. per pound, did not warrant the inclusion of any pure butter in their recipe. It would, therefore, not have been in order for them even to have used the words "butter flavour", and they decided to discontinue making this particular line of confectionery. The original use of the word "butter" referring as it did to the use of cocoa-butter, and not butter in the usually accepted form of the word, was ingenious but may or may not have been ingenuous.

Mustard and Cress, Sample No. 185

Submitted privately, contained a foreign body in the form of a dead mouse. The mouse was one of the house variety, and had evidently not died *in situ*, nor been caught in a trap. From the state of the body and the fur, the corpse was in a state of incipient decomposition. There was no evidence from the stomach contents that the mouse had eaten any of the mustard, and it seemed probable that the mouse was dead when brought into contact with the sample. No explanation seemed to be forthcoming, except the remote possibility that the dead mouse had been thrown, or possibly dropped by a cat, into the carton, and was not noticed when the packer filled in the mustard and cress.

Chocolate Tea Cakes, H.1157

The sample was submitted by the vendor to ascertain if the cakes were fit for sale. The objectionable odour and state of rancidity of both the chocolate couverture and the cream filling, left no doubt as to the answer to his enquiry. The whole supply was destroyed.

Private Sample of Bread, S.181

The sample was brought in with the complaint that there was a patchy grey discoloration. Microscopical evidence revealed no structure that would identify the material, and we diplomatically reported that the dark colour was probably due to "over handling" during preparation.

Informal Sample of Butter, No. 1343

The acidity as oleic acid was 1.1 per cent, and this high acidity was accompanied by a perceptible tang. The material was regarded as unsuitable for sale under the rationing system, but not necessarily uneatable.

Private Sample of Bread, No. S.188

The person submitting the sample complained of the presence of a lump of dark green material : this they assumed was mould beginning to form in the bread. Examination showed that the green material was actually a compound of copper embedded in an oily matrix ; it was not accompanied by mould hyphæ. It was, in fact, a patch of grease contaminated by copper, presumably derived from the dough-making machinery.

Informal Tin of Cherries, No. 1344

The tin was blown ; and, on opening, the type of unpleasant odour suggested that the blown state of the tin was not due to fermentation of the cherries, but that the sample was in fact a "hydrogen swell," some acetylene-like hydro-carbons being also present. The smell and taste rendered the food not of suitable quality for human consumption.

Informal Sample of Dates, No. 2532

The sample was infested with maggots, and covered with a whitish incrustation identified as yeast. There was an odour of fermentation, and the sample was condemned as unfit for human consumption.

Sausages

As from the 1st March, 1953, all control over the minimum meat content of sausages was revoked by S.I. (1953) No. 245. As a consequence only thirty-four samples were submitted by the food inspectors as compared with sixty-nine in 1952.

This does not mean that a butcher can make a sausage with a negligible meat content, we still maintain that pork sausage should contain not less than 65 per cent meat, and a beef sausage 50 per cent meat, and this view has recently been upheld by Court decisions. There may be some demand for a sausage of low meat content, but then there should be some correlation between price and quality.

Of the thirty-four samples received, seventeen were pork and seventeen beef. The average meat content of the pork sausage was 76.5 per cent, and of the beef 53.6 per cent. Seven samples of pork sausage failed to reach 65 per cent meat content, and four samples of beef sausage contained less than 50 per cent meat.

In the computation of meat content in this product, the fat and lean meat are added together and calculated as total meat. Too much of this "meat" may be fat, as is indicated by the shrivelled piece of fried bread and pan of cooking fat obtained after cooking some varieties of sausage. Legally there is little that can be done in such cases, except in the extreme instance ; but the housewife has her remedy in refusing to deal with the producers of such preparations.

The humble sausage is hardly a subject to incite the Muse to render one poetic, and yet, with all due apologies for the possible desecration of Milton, his description of Sin seems most appropriately applied to a sausage when one realises what an extended mystery this product is becoming. Thus, we now have to deal with so-called sausage "improvers", which are reputed to increase the meat content in some cases by as much as 10 per cent. How can the use of a dried serum, by any stretch of the imagination, even though originally an animal protein, be construed as meat ! The description :

> "The other Shape—
> If shape it might be called that shape had none
> Distinguishable in member, joint, or limb ;
> Or substance might be called that shadow seemed,
> For each seemed either—"

seems applicable to both sin and sausage, for when so debased does not the sausage become a sin ?

Surely, if one allows the use of "sausage improvers," the logical conclusion is that a product containing no "red meat" would be permissible. In this case, to the sausage connoisseur, it would indubitably mean "Paradise Lost".

Beef Sausage, No. 1320

A formal sample contained 690 p.p.m. of sulphur dioxide. Provided the presence of preservative is declared at the time of sale, sausages are permitted to contain up to 450 p.p.m. of sulphur dioxide. The present sample, therefore, contained at least 240 p.p.m. in excess of the legal maximum, apart from the permitted amount being undeclared. The vendor was fined £1. Defending Counsel ingeniously tried to minimise the offence, saying that there was only 1/730th of an ounce of preservative more than allowed by the Regulations, and he repudiated any suggestion that the preservative was injurious to health. The Food and Drugs Act, 1939, Section 7, clearly states that "preservative, if present in contravention of the Regulations, shall, for the purposes of this part of the Act, be deemed to render the food injurious to health."

Pork Sausage, No. 1321

The meat content was 53.9 per cent. Although no legal standard is now in force for meat content of sausages, the standard previously in force, namely 65 per cent in pork sausage, was used as a basis for deciding whether the sample was or was not genuine. The sample was, therefore, condemned for a deficiency of 17 per cent of the required amount of meat. The vendor was cautioned.

Pork Sausage, No. 1313

Contained only 56.5 per cent of meat, and was reported as deficient of 13 per cent of the desired minimum amount.

Bio-Chemic Non-Toxic Salt, No. S.182

This article, submitted privately, bore a label on the container declaring the presence of the following minerals: Bromine, Iron, Copper, Arsenic, Manganese, Iodine, Silicon, Boron, Zinc, Barium, Gold, Selenium, Lithium, Silver, Radium, Lead, etc. A large claim of this sort, utterly vague as to quantities, and with the further claim that it was non-toxic, appeared to be designed merely to impress the average layman, and to confuse the layman slightly above average. In literature supplied with the sample, there were suggestions that ordinary salt causes various diseases, including cancer. The presence of a declaration of iron and iodine, without any quantitative data, was the only legal point on which the suppliers could be firmly challenged, but as this seemed a minor matter compared with the generally misleading character of the whole set-up, the firm were asked to re-pack, leaving out their extravagant claims.

Ice Cream

As from 1st June, 1953, the standards for ice cream were restored to those in force before July 7th, 1952 (i.e. 5 per cent fat, 7½ per cent milk-solids-other-than-fat, and 10 per cent sugar). Between the above-mentioned dates, the minimum standards for this commodity were fixed at 4 per cent fat and 5 per cent milk-solids-not-fat, whilst sugar content remained at 10 per cent.

It was remarkable that during the period in which these lower standards were allowed, no pronounced lowering of quality was noticeable in any of the brands of ice cream examined in Leicester ; only two manufacturers taking advantage of the decrease in fat content permissible. It would appear, therefore, that there was no great need for this relaxation in quality, and it is gratifying to have the standard restored to its original minimum requirements.

Reference to Table N shows that during 1953, 216 samples were examined, compared with 110 in 1952. The average fat content (8.8 per cent) was the same as for 1952, whilst an increase in milk-solids-not-fat was recorded (9.4 per cent, compared with 8.8 per cent in 1952). There was a significant decrease in sucrose content, the average being 10.4 per cent, compared with 13.0 per cent in the previous year.

Details regarding the unsatisfactory samples are given below :

Formal Ice Cream, No. 1208

The fat content was 4.4 per cent instead of a minimum of 5.0 per cent, and the milk-solids-not-fat were 6.9 per cent instead of the minimum 7.5 per cent. This was a follow-up of several unsatisfactory informal samples from the same maker and legal proceedings were taken. The manufacturer was fined £3.

Formal Sample of Ice Cream, No. 1203

This sample, a follow-up of an unsatisfactory informal sample, contained only 4.6 per cent of fat, and the vendor explained that he had, for that particular batch, used raw morning's milk, which he had assumed to contain 3 per cent of fat, whereas he learned later that it contained only 2.7 per cent fat. This is an interesting instance of a poor quality milk (for which the producer would, no doubt, disclaim any blame since the milk was as the cow gave it) which prejudiced his customer, not in the ordinary way by giving him a less nutritious article that he had a right to expect, but by rendering his product, of which the milk was an ingredient, of a quality not in compliance with prevailing legal standards.

Formal Ice Cream, No. 1202

This sample was deficient of 11 per cent of the required sugar content; it had been taken as the result of a similar deficiency in an informal sample. On making enquiries, the inspector found that the preparation was made from ice cream powder. Instead of weighing the material as instructed by the directions on the packet, the vendor had measured the powder by volume. It so happened that his last consignment of ice cream powder was of lighter density than previous batches, and this accounted for the deficiency.

The vendor was cautioned by the M.O.H.

Informal Ice Cream, No. 833

This sample contained a deficiency of 14 per cent of the required sugar content. Enquiries ascertained that the preparation was made from ice cream powder, analysis of a sample of which indicated that a deficiency of 23.8 per cent of the required quantity of powder was used to prepare the product.

Informal Corned Beef, No. 1151

This sample was submitted by an inspector and represented a large stock of the commodity. The sample smelled badly and showed signs of incipient putrefaction. It was condemned as being unfit for human consumption, and a recommendation for the withdrawal from sale of the remainder was issued.

Informal Christmas Pudding, No. 2582

This sample bore no statement of ingredients as required by the Labelling of Food Order, 1950. Christmas puddings were formerly exempted from this requirement, but this exemption was annulled by S.I. 1952, No. 549. The packer was unaware of this Order and agreed to conform to the necessary regulations in the future.

Milk

Milk is a foodstuff of which probably a greater bulk is handled and supplied to the general public than of any other commodity. The fact is reflected in the comparatively great number of samples examined. Thus, during the year, some 1,630 samples of milk were examined under the Food and Drugs Act for chemical composition, and also under the Milk (Special Designations) Regulations, 1949, for bacteriological quality and efficiency of heat-treatment; 1,245 other samples were submitted from City pasteurisation plants for examination by the

Phosphatase Test for efficiency of treatment, and a further 226 samples were examined under the Food and Drugs Act alone—a total of some 3,101.

Once again the low percentage of milks failing to pass the phosphatase tests reflects very creditably upon maintenance and management of pasteurisation plants. Also, not one sterilised milk failed to pass the Turbidity Test.

Some 114 milks failed to attain the minimum statutory limits of chemical composition (viz. 3 per cent fat and 8.5 per cent solids-not-fat). No legal offence is committed by the sale of such milk, providing it is as obtained from the cow. In the case of deficiency of solids-not-fat, the addition of added water is determined by estimation of the mineral content and the freezing point of the specimen—no less than 82 freezing point determinations being carried out on the Hortvet cryoscope. Added water was detected in 17 cases in amounts ranging from very small quantities to 11.9 per cent ; and in the two cases brought before the magistrates, fines totalling £6 and £21 were imposed.

On several occasions, milk in dirty bottles was presented by members of the public, and in all cases the dairies were visited by inspectors and cautions issued. However, the dairy management is very much in the hands of the public in this respect, for no matter how often appeals are made to urge the consumer to rinse out bottles after use—only a few seconds job—it is surprising how often this is not done. Not only is it easier to wash out a milk bottle immediately on emptying, but this avoids encouraging insects and small animals to scavenge food from the putrefying remains. All too often foreign matter in milk bottles (and the whole gamut ranges from spoons, bits of wire, to paint and the smell of paraffin) are not removed by the detergent used in the bottle washing plant. It is true that the dairy management should maintain a vigilant inspection for such occurrences, but it is often only due to negligence, or what amounts to wilful sabotage on the part of misguided persons, that they occur in the first place.

MISCELLANEOUS DRUG SAMPLES

Two hundred and sixty-six samples of drugs were submitted during 1953, of which some 7.5 per cent were found to be unsatisfactory. This compares with 6 per cent in 1952, and 6.3 per cent unsatisfactory in 1951.

Not all the condemned samples were of inferior quality from the point of view of composition or preparative elegance—only half, in fact, were faulty in composition, the remainder being either inadequately or incorrectly labelled, and in too many cases, not labelled at all ! In eight separate instances preparations in tablet form were supplied by pharmacists in unlabelled bags and regrettably, in some cases, in bags bearing advertisements relating to proprietary brands of aspirin tablets. It is true that the preparations purchased were not of the therapeutically potent type, but consisted of bismuth lozenges, sulphur tablets and soda mint tablets. Nevertheless, if a preparation consists of a substance recommended as a medicine, the label should be in accordance with Section 11 of the Pharmacy and Medicines Act, 1941, and should bear the official name of the drug, or disclose its composition with quantitative particulars.

In another instance, a cough mixture—an old-fashioned remedy of somewhat variable composition—was purchased from a herbalist. The label bore no other information except the title "Six Ha'porths" ; but whilst purchasing the sample the Inspector was given precise details of dosage for a child, and told that it was good for "anyone that's chesty to relieve the bronchial tubes—for coughs, or anything like that." This constituted a verbal recommendation of the substance as a medicine, and therefore rendered the preparation subject to Section 11 of the Pharmacy and Medicines Act. The vendor pleaded ignorance of the Regulations, but agreed to have correct labels printed, which in due course he did. Incidentally, the preparation cost 3s. (six tannersworth !).

The samples against which adverse reports were submitted relating to defective composition, are dealt with below :

Cascara Sagrada Tablets, No. 1468

These tablets were found to conform to the required standards of the British Pharmaceutical Codex as regards extract of cascara content, but were also found to contain 8.6 per cent of french chalk.

Whilst it is necessary to include some lubricant in the formulation of a tablet, and french chalk is an effective substance for this purpose, an excess is to be deprecated as is also the use of this substance in "pearl" coating. The B.P.C. states that tablets of cascara sagrada should "be coated with sugar or other suitable material". A "pearl" coating of french chalk is not considered a suitable material, and french chalk if used as a lubricant to facilitate manufacture should not exceed 2 per cent.

The tablets were, therefore, considered to contain an excess of an undesirable constituent, viz. french chalk.

The manufacturers stated that normally less than 0.5 per cent french chalk is used as a lubricant, but that a mixture of french chalk and calcium carbonate is also used to pre-coat the tablet prior to sugar coating, to give whiteness to the tablet. It was considered that an excess had been used in this way by the operative to give maximum whiteness to the product.

Compound Liquorice Powder, No. 1033

This sample had obviously been stored for a considerable period under unsuitable conditions. The preparation, instead of being in powder form, was a solid rubber-like mass, and was obviously unfit for sale. The remainder of the stock was destroyed.

Easton's Syrup, No. 1256

Easton's Syrup is a preparation of the B.P.C., whereas this sample was incorrectly labelled "Easton's Syrup, B.P.". The official preparation requires from 1.62 to 1.98 per cent of anhydrous ferrous phosphate, and from 1.10 to 1.35 per cent of anhydrous quinine, whereas the sample only contained 1.53 per cent and 1.07 per cent respectively of these substances. The vendor stated that in his forty years' experience, Easton's Syrup had always formed a hard flaky deposit even though stored in amber bottles in a cool dark cupboard. Also the small and sporadic demand hardly warrants its stocking, except that it is included in the National Health Tariff.

The complaint was referred back to the suppliers of the syrup, who agreed with the results of the analysis, but stated that the product was nearing the end of its shelf life. The vendor's stock was replaced free of charge.

It is a well-known fact that Easton's Syrup is not easy to store in good condition, and much correspondence has taken place between pharmacists on this subject in the past. The problem has been partially solved by preparing the product extemporaneously from Liq. Ferri Phos. B.P.C. and Liq. Quininæ et Strych. B.P.C. A product so prepared differs from Syr. Ferri Phosphatis cum Quinina et Strychrina B.P.C. only in the presence of 0.75 per cent v/v of hypophosphorous acid. It is doubtful if any Public Analyst would take exception to this, and certainly in Leicester we should not do so.

Glauber's Salt, Nos. 492, 1027 and 1028

Sample No. 492 was found to be deficient of 11.3 per cent of its required water content, while samples No. 1027 and 1028 were nearly anhydrous and contained the equivalent of 225.2 and 225.6 per cent of

Glauber's Salt respectively. The last two samples were obtained from an old-fashioned general store, and had obviously been stored for a very long time. The vendor agreed to the destruction of the remaining stocks.

As pointed out in previous reports, it is difficult for manufacturers and packers of Glauber's Salt always to guarantee its compliance with the limits of the B.P., but it is our experience that samples packed in wax cartons give little trouble.

Prescription No. 776

The prescription submitted called for 10 grains sodium bromide and 1 grain of ammonium carbonate per half fluid ounce of mixture. The mixture received contained 18.4 grains of sodium bromide per half fluid ounce, corresponding to an excess of 84 per cent of the required amount of sodium bromide. The ammonium carbonate content was estimated at 1.09 grains per half fluid ounce. The dispenser could not explain this discrepancy, but could only say that it was a human error due to the fact that he had been working under considerable strain owing to the recent death of his dispensing assistant, and his inability to find a suitably qualified substitute. A formal follow-up sample was found to be genuine.

Potassium Bromide Tablets, No. 1016

From the shape and colour of the individual tablets, the sample appeared to consist of tablets from two different batches, one series of which were badly discoloured. On analysis these tablets, although of uniform weight, contained the equivalent of 5.38 grains potassium bromide per tablet, which represented an excess of 7.6 per cent of the stated content (5 grains). Further follow-up samples proved to be genuine.

Seidlitz Powder, No. 1821

Seidlitz Powders of the B.P. should contain 2½ grammes of tartaric acid per white packet; and 7½ grammes of sodium potassium tartrate and 2½ grammes of sodium bicarbonate per blue packet. The white packets contained an excess of 10.8 per cent and 18.8 per cent respectively of the required amount of tartaric acid, while one of the blue packets contained an excess of 26.9 per cent of the required amount of sodium potassium tartrate/sodium bicarbonate mixture. The manufacturer's attention was drawn to the fact that the weights of the packets were not sufficiently uniform and replied that they had now discovered that in the first 10 minutes of the machine running, the amounts given out varied, especially in damp weather. After this initial period the amounts became more uniform. A more rigid system of inspection of the product was instituted.

White Precipitate Ointment, No. 731

This sample was found to be slightly deficient of the required content of ammoniated mercury. The sample was found to contain 2.22 per cent of ammoniated mercury, whereas the B.P. requires that this ointment should contain 2.5 per cent (limits 2.25 per cent to 2.75 per cent) The ointment was, therefore, only slightly below the lower limit for ammoniated mercury content, and the suggestion of the manufacturers that the ointment was likely to separate during the filling of the tins was accepted as possible.

Zinc Ointment, No. 1597

This sample was found to contain 16.15 per cent of zinc oxide, which represents an excess of 7.6 of the required amount specified by the B.P. Here again, the manufacturers were at some loss to account for this discrepancy, and suggested that, although such ointments are filled under constant agitation, there might be some settling of the zinc oxide between the commencing and the finishing of the filling of a particular batch.

WATER EXAMINATION

In the Report for 1952, it was stated that the routine of sampling had been put on a new basis whereby partial analysis of a greater number of samples (alternated daily between the different constituent supplies) had been substituted for the previous scheme under which full analyses were carried out on, what appeared to us, an insufficient number of samples. This scheme has now had a full year of working, and we feel satisfied that the change has justified itself. We are now in closer daily touch with the three local reservoirs and the Derwent supply ; and changes (in response to altered weather conditions or to the behaviour of the plant) which may require some immediate adjustment in the treatment processes, are more readily known.

It may be said, at once, that throughout the year all water in supply has been approved as safe and satisfactory for drinking purposes ; and although all complaints—whether of taste, smell, colour or particulate matter—received careful investigation, nothing of consequence was substantiated. Some complaints of unusual taste have been merely the result of the consumer getting a *different* supply—the comparatively flat taste of Derwent water, for instance, when that has, for distribution reasons, followed the supply of local reservoir water at the complainant's premises, has been reported to us vaguely as a "taste".

A number of outbreaks of dysentery in the town were reported during the year ; and although on no occasion was there an *à priori* reason for suspecting the water supply to be the cause of the trouble, we invariably took appropriate water samples to cover the situation from that aspect. On no occasion was evidence found that connected symptoms of ill-health with the water supply—except that, possibly, some consumers did not drink enough of it. Observant rate-payers in fact may have noticed throughout the year that the water has been of excellent colour and very good all round quality.

Tables in the Appendix summarise the results of the partial analysis of the raw, filtered and fully-treated water from the three local reservoirs. The progressive improvement in colour throughout treatment is noticeable ; for instance Thornton water, which in the raw state has 24.9 colour units, improves on filtration to 14 colour units, and after final sterilisation to 7. Occasionally a little colour returns to the water on passage through the miles of distribution mains, but the average of 52 samples taken through the year shows that the final water averaged only 7.6 colour units. Water from the other two reservoirs was rather better, the colour being 6.0 units in both cases. The water samples are summarised in Table W, and the individual supplies are referred to in W(*a*), W(*b*), W(*c*) and W(*d*) respectively.

Algicidal treatment has been used, as always, with restraint ; but it was found desirable to add minute doses of chemical to the local reservoirs once or twice during the hot weather, and the desired effect was achieved. The reservoirs have been kept in continuous commission throughout the year.

At Thornton a series of samples of raw incoming water before and after storage was commenced in November last, and has been continued to the present time. Results, up-to-date, show an almost dramatic improvement in the content of coliform organisms remaining to be dealt with by subsequent treatment ; storage alone appears to reduce the number of these organisms by over 90 per cent—a fact worth bearing in mind in connection with new supplies when conditions make some provisions for storage possible.

FERTILISERS AND FEEDING STUFFS

Fifty samples were submitted by the Inspector during 1953, for examination under the Fertilisers and Feeding Stuffs Act, 1926, and another eight samples were submitted for analysis by private individuals. All these samples are set out in Table G.

In only one case (Basic Slag No. 53/FF/1) did the vendor fail to provide a statutory statement of composition as required by the Act, but in two other cases this statement was incomplete as detailed in the Regulations to the Act. In the case of a sample of National Growmore Fertiliser (53/FF/47), no statement relating to soluble phosphoric acid was made, whilst in the case of sample No. 53/FF/7—Ammonium Sulphate—no statement for free acidity was given. Even though this may be "nil," a statement to that effect should be declared. This latter sample, however, proved to be sulphate of potash instead of sulphate of ammonia. The vendor apologised for the error and stated, "Apparently the two materials are in bins side-by-side, and the only excuse we can offer is carelessness on the part of the shop staff. Unfortunately, the person who actually did the supplying is not now in the shop full time, and is, therefore, not quite up to date with the bins in which the various commodities are being stored."

Of the remaining four samples, the composition of which was the source of complaint, only one—Hydrated Lime No. 53/FF/41—was rejected as being deficient, all the others contained an excess of the active constituent declared. Whilst such an excess is not normally to the prejudice of the purchaser, we have received instructions from the Ministry of Agriculture to reject any sample in which non-compliance with the Statutory Statement of analysis occurs, whether the statement under-estimates or over-states the active constituents. This Statutory Statement of composition is, of course, supposed to be the result of actual analysis, and prescribed limits of variation are allowed to compensate, to a predetermined degree, for any deviation due to sampling error consequent upon any heterogenous nature of the material in question.

Only seven samples of feeding stuffs were examined ; of these, two were the subject of comment. One—Super Laying Meal No. 53/FF/44—contained an excess of 17.6 per cent of the declared amount of oil, whilst a Layer's Mash—No. 53/FF/28—contained 4.95 per cent of fibre instead of the declared 7.0 per cent. Neither of these discrepancies could be calculated to defraud, and were certainly not to the prejudice of the purchaser.

ATMOSPHERIC POLLUTION

The incidence of atmospheric pollution is now well in the public mind ; and though there is much talk about the gravity of the situation, nothing very drastic seems to be done to rectify the matter. No doubt the economic situation has much to do with this apparent lethargic attitude towards positive action, but, at the same time, is it economic to neglect such dangers to both health and more material possessions, such as buildings, etc. ?

There is little doubt that after industrial smoke in certain areas, the domestic fire (especially since the introduction of all-night burning fires) is a major cause of the pollution of the atmosphere ; but this is also augmented probably to no small extent in the City by the exhaust fumes of Diesel buses and lorries. The Diesel engine is said to expel much carbon into the air in the form of finely divided colloidal particles, and this seems to be quite apparent, especially to the motorist who may have the misfortune to be caught in traffic jams consisting mainly of Diesel-engined vehicles. The petrol engine, by virtue of its lower operating temperature, is said to be less of an offender in this direction.

Table P indicates that though the total average insoluble deposit per month at the Town Hall in 1953 was somewhat lower than during the previous three years (16.87 tons/square mile, compared with 19.31, 22.54 and 21.64 tons/ square mile, for the years 1952, 1951 and 1950 respectively), and also lower than the average for the past twelve years, the corresponding figures for soot do not show this desirable trend.

Thus 4.5 tons of soot per square mile were deposited upon the City as compared with 3.7 tons per square mile for 1952, and a twelve-yearly average of 4.10 tons per square mile.

It is reasonable to assume that industrial pollution of the atmosphere would be fairly constant throughout the year so that the great increase in soot and ash deposition, apparent from the monthly figures given below, may be attributed to the domestic chimney. It may be seen that the increase during the colder months of the year is remarkable.

Soot and Ash Deposition during 1953 in tons/sq. mile :

	Soot	*Ash*
January	7.31	17.66
February	5.85	16.33
March	3.94	9.64
April	4.82	12.28
May	3.31	9.46
June	3.82	7.88
July	4.89	13.99

	Soot	*Ash*
August	2.88	5.68
September	1.53	13.88
October	2.68	8.00
November	7.23	13.02
December	5.82	17.09

Attention must also be drawn to the statistics in Table P relating to Evington, where one can breathe four times the volume of air for the same soot intake !

During 1953, two more lead peroxide cylinders were installed, one at the Town Hall, and the other at Evington, making a total of four recordings per month. It is interesting to note (Table O) that the acid in the air in the form of sulphur dioxide is greatest at the Town Hall and falls progressively from the City centre to about one-tenth of the amount at Evington.

MISCELLANEOUS SAMPLES

Table H summarises samples examined for various Corporation Departments, but submitted other than under the Food and Drugs Act, etc.

Eighty-two samples of water from the City Swimming Baths were examined bacteriologically and also chemically, to control the amount of chlorine—both from a minimum point of view, to safeguard against possible polution of the water, and also to prevent too much chlorine being added, which would cause loss of enjoyment to the swimmer.

Health Visitors presented nine samples of human milk, and one sample of National dried milk.

Blotting paper (two samples), toilet rolls (two samples), sheets (26 samples), and soap (52 samples) were examined for the Health Department, and the purchasing officer advised regarding quality, value, etc.

Sanitary Inspectors submitted eight samples of leakage waters obtained from cellars, for the possible detection of sewage or City supply water, as an aid in tracing its origin. Six spring, brook or river waters were also examined for possible sewage contamination.

A brick was examined for the Architect's Department for its water-absorbing properties, and two samples of ashes and colliery shale were examined for sulphate content and an opinion given regarding the suitablility of their use in concrete.

The Cleansing Department submitted a sample of compost prepared from abattoir waste for examination for freedom of fat.

A sample of plain flour which had been stored for a long time in the Fire Service canteen was found to be of good quality and fit for human consumption.

The Museum submitted the viscera of a peacock for opinion regarding the decease of the bird. Zinc phosphide was detected—an ingredient of rat poison.

The Transport Department submitted two samples of Diesel oil for estimation of sulphur content, whilst six samples of petrol were examined on behalf of the Weights and Measures Department under the Merchandise Marks Act. These latter samples were examined with a view to deciding if "Pool" petrol had been sold as a No. 1 Grade spirit. The Weights and Measures Department also submitted four samples of apothecary's weights for detection of the type of metal from which they were made.

Miscellaneous Samples submitted by Private Individuals

These samples listed in Table I, the most interesting of which are briefly commented upon as follows :

An aerated water was examined for copper content and advice given on the set-up of the equipment for its production.

A specimen of Blaud's pills was examined with regard to suitability for export to Pakistan.

Locally produced blackcurrant wine was examined for alcohol content.

Pine disinfectant was detected in a sample of beer submitted from a Working Men's Club, whilst four samples of gin and one of rum were found to be beyond reproach.

Three samples of sausage and one of sausage meat were examined for local butchers for an opinion of quality and meat content.

An air filter deposit was examined for soot, ash, tar, lead and arsenic content : 31.5 per cent soot, 3.8 per cent tar, 0.011 per cent arsenic and 0.009 per cent lead were detected. The filter had been operated during working days for some five months in the Frog Island district.

Fæces and urine were examined for lead content at the request of a doctor whose patient was suffering from chronic lead poisoning—surprisingly large amounts were detected.

In all, 154 samples in this category were examined, bringing in a substantial revenue towards the cost of this Department.

A curious instance of association of ideas leading to quite wrong final deductions, occurred during the year.

The female patient of a local doctor discovered in her sherry glass a few small crystals, and observed that similar crystals were present in the bottom of the bottle—which was at that time nearly empty. She concluded that a near relative entertained malicious ideas towards her, and was trying either to make her ill, or poison her through the medium of her sherry.

The patient took these exhibits to the doctor who, thinking that the crystals looked like bromide, examined her and sure enough found a rash on her body characteristic of the effects produced by large quantities of bromide. He himself had never prescribed bromide for the patient.

Before proceeding to the doctor, the patient had noticed some crystals on the floor of the room in which she was proposing to partake of the sherry, and she collected these in a small paper, sending them with the other exhibits. All three specimens were submitted to the laboratory. We found the crystals picked off the floor were boric acid, whereas the crystals in the sherry, both in the bottle and in the glass, were calcium tartrate. No bromide-containing substance was found, either in the bottle, in the glass, or on the floor. The calcium tartrate was presumably a deposition which had taken place in the wine itself; it had not been put there by any person, and had no connection with the crystals found on the floor. The bromide rash never was explained.

TABLE A

Summary of Samples Analysed during 1953

Food and Drugs Act, 1938 :	
Samples submitted by Sanitary Inspectors	1,197
Samples submitted by the Public	22
Informal Milk Samples taken primarily for bacteriological examination	1,630
Shellfish (Bacteriological Samples)	23
Fertilisers and Feeding Stuffs :	
Samples submitted under the Fertilisers and Feeding Stuffs Act, 1926, by Sanitary Inspectors	50
Samples submitted privately	8
Rag Flock Act, 1911 :	
Samples submitted by Sanitary Inspectors	5
Milk (Special Designation) Regulations, 1949	1,630
Daily Dairy Control Samples for pasteurisation efficiency	1,245
Atmospheric Pollution Samples	291
Water Samples for Water Committee	3,629
Miscellaneous Samples from other sources :	
Health Department	214
Other Corporation Departments	18
Miscellaneous	145
Total	10,107

TABLE B

FOOD AND DRUGS ANALYSED DURING 1953

(Sampled by Sanitary Inspectors under the Food and Drugs Act)

Foods Analysed :

Sample	No.	Sample	No.
Milk	1,856	Jam	16
Baking Powder	1	Jellies (Table)	5
Beans (Canned)	6	Jelly Crystals	1
Beer	30	Margarine	1
Beef (Corned)	1	Meat Paste	16
Blancmange Powder	7	Meat and Yeast Extracts	6
Bread	1	Milk (Condensed, Sweetened)	4
Butter	1	Mincemeat	5
Cake Flour (Sweetened)	8	Mussels	21
Cereals (Baby Foods)	4	Oysters	2
Cheese Spread	4	Peas (Canned)	6
Cherries (Canned)	1	Peanut Butter	2
Coffee and Chicory Essence	11	Pepper-flavoured Compound	3
Coffee and Chicory (Ground)	3	Pickles	6
Confectionery (Flour)	12	Polony	10
Confectionery (Sugar)	10	Puddings (Christmas)	5
Cocoa	3	Rice	4
Curry Powder	9	Sausage (Pork)	17
Custard Powder	6	Sausage (Beef)	17
Cream (Double, Sterilised)	7	Sauce	6
Cream Powder (Synthetic)	2	Sauce (Rum Flavoured)	1
Dates	5	Salad Cream	4
Eggs	1	Salt (Iodised)	9
Fish Paste	8	Soup (Canned)	6
Fish (Canned)	5	Soft Drinks	11
Fish Cakes	7	Spices	25
Flavouring Essence	6	Spirits	12
Flour	12	Stuffing	6
Fruit Salad	1	Sugar	13
Fruit (Dried)	23	Suet	3
Food (High Protein)	1	Tea	6
Gelatine	6	Tomato Ketchup	4
Gravy Powder	6	Vinegar	6
Golden Raising Powder	6	Welsh Rarebit	1
Honey	3	Yoghourt	11
Ice Cream	216		
Ice Cream Powder	3	Total	2,584
Ice Lollipops	21		

TABLE B—*continued*

Drugs Analysed :

Sample	No.	Sample	No.
Ammoniated Tincture of Quinine	6	Liquid Paraffin	7
A.P.C. Tablets	14	Lime Water	9
Aspirin Tablets	6	Liquorice Powder (Compound)	1
Bismuth Tablets	6	Magnesium Carbonate	6
Boracic Powder	9	Olive Oil	6
Borax	5	Potassium Permanganate	6
Cascara Sagrada Tablets	4	Potassium Bromide Tablets	8
Castor Oil	6	Prescriptions	7
Cough Mixture	2	Saccharin Tablets	12
Camphorated Oil	6	Seidlitz Powders	6
Chemical Food (Parrish's)	12	Sodium Bicarbonate	6
Codeine Tablets	8	Soda Mints	6
Cream of Tartar	6	Sulphur Tablets	6
Easton's Syrup	4	Surgical Spirits	4
Friar's Balsam	6	Vitamin C Tablets	9
Flowers of Sulphur	1	White Precipitate Ointment	6
Glauber's Salt	8	Zinc Ointment	18
Glycerine of Thymol	6	Zinc and Castor Oil Ointment	6
Glycerine of Borax	6	Drugs	266
Hydrogen Peroxide	6	Foods	2,584
Iodine Ointment	6		
Iodine (Tincture of)	4	Total Food and Drugs	2,850

TABLE C. Milk Samples "Not Genuine"

Sample No.	Article	Formal, Informal or Private	Nature of Offence	Action taken
S170	Sterilised Milk	Private	Contained fragments of broken glass	Dairy cautioned by Sanitary Inspector
66	Tuberculin Tested Milk	Informal	2.9% deficient of solids-not-fat. No added water present	Followed-up by formal samples Nos. 1024–1029
124	Tuberculin Tested Milk	Informal	1.5% deficient of solids-not-fat. No added water present	Reported to Chief Sanitary Inspector
153	Tuberculin Tested Milk	Informal	3.33% deficient of fat and 1.88% deficient of solids-not-fat. No added water present	Followed-up by formal samples Nos. 1032–1039
154	Tuberculin Tested Milk	Informal	3.66% deficient of fat and 2.58% deficient of solids-not-fat. No added water present	
1024	Milk	Formal	1.77% deficient of solids-not-fat. No added water present	Follow-ups of Bacterial Milk No. 66
1026	Milk	Formal	1.66% deficient of solids-not-fat. No added water present	
1029	Milk	Formal	3.53% deficient of solids-not-fat. No added water present	
180	Tuberculin Tested Milk	Informal	13.3% deficient of fat	Reported to Chief Sanitary Inspector
184	Tuberculin Tested Milk	Informal	6.6% deficient of fat	Reported to Chief Sanitary Inspector
1032	Milk	Formal	6.66% deficient of fat and 3.53% deficient of solids-not-fat	Follow-ups of Bacteriological Milks Nos. 153 and 154
1033	Milk	Formal	6.66% deficient of fat and 1.53% deficient of solids-not-fat	
1034	Milk	Formal	6.66% deficient of fat and 0.94% deficient of solids-not-fat	
1035	Milk	Formal	10% deficient of fat and 3.76% deficient of solids-not-fat	
1036	Milk	Formal	4.71% deficient of solids-not-fat	
1037	Milk	Formal	10% deficient of fat and 3.88% deficient of solids-not-fat	

TABLE C—*continued*

Sample No.	Article	Formal, Informal or Private	Nature of Offence	Action taken
1038	Milk	Formal	10% deficient of fat and 3.88% deficient of solids-not-fat	Follow-ups of Bacteriological Milks Nos. 153 and 154
1039	Milk	Formal	10% deficient of fat and 6.47% deficient of solids-not-fat	
1046	Milk	Formal	6.6% deficient of fat and 8.1% deficient of solids-not-fat. The freezing point indicated the presence of 11.9% added water	Prosecution took place. Farmer fined £5 and foreman £1
1047	Milk	Formal	3.3% deficient of fat and 0.94% deficient of solids-not-fat. The freezing point indicated the presence of 3.7% added water	
262	Tuberculin Tested Milk ..	Informal	Barely up-to-the-mark as regards solids-not-fat	Reported to Chief Sanitary Inspector
264	Tuberculin Tested Milk ..	Informal	1.8% deficient of solids-not-fat. No added water present	Reported to Chief Sanitary Inspector
265	Tuberculin Tested Milk ..	Informal	1.0% deficient of solids-not-fat. No added water present	Reported to Chief Sanitary Inspector
268	Tuberculin Tested Milk ..	Informal	3.0% deficient of solids-not-fat. No added water present	Reported to Chief Sanitary Inspector
373	Tuberculin Tested Milk ..	Informal	0.24% deficient of solids-not-fat. The freezing point indicated the presence of 1.1% added water	Reported to Chief Sanitary Inspector
313	Tuberculin Tested Milk ..	Informal	13.3% deficient of fat and 1.1% deficient of solids-not-fat. No added water was found to be present	Reported to Chief Sanitary Inspector
315	Tuberculin Tested Milk ..	Informal	2.5% deficient of solids-not-fat. No added water present	Reported to Chief Sanitary Inspector

TABLE C—*continued*

Sample No.	Article	Formal, Informal or Private	Nature of Offence	Action taken
462	Tuberculin Tested Milk ..	Informal	2.82% deficient of solids-not-fat. The freezing point indicated the presence of 2.8% added water	Formal follow-up samples taken, Nos. 1083–1087
463	Tuberculin Tested Milk ..	Informal	4.3% deficient of solids-not-fat. The freezing point indicated the presence of 0.94% added water	
1083	Milk	Formal	5.88% deficient of solids-not-fat. The freezing point indicated the presence of 3.4% added water	Follow-ups of Bacteriological Milk samples Nos. 462 and 463 Reported to Chief Sanitary Inspector and Town Clerk
1084	Milk	Formal	7.0% deficient of solids-not-fat. The freezing point indicated the presence of 3.4% added water	
1085	Milk	Formal	4.36% deficient of solids-not-fat. The freezing point indicated the presence of 1.1% added water	
1086	Milk	Formal	3.18% deficient of solids-not-fat. The low freezing point depression did not prove the presence of added water	
1087	Milk	Formal	2.24% deficient of solids-not-fat. The low freezing point depression did not prove the presence of added water	
507	Tuberculin Tested Milk ..	Informal	15% deficient of fat	Reported to Chief Sanitary Inspector
534	Tuberculin Tested Milk ..	Informal	10% deficient of fat and 2.94% deficient of solids-not-fat. The freezing point determination was slightly low and consistent with the presence of a small amount of added water	Sanitary Inspector inspected farm

TABLE C—*continued*

Sample No.	Article	Formal, Informal or Private	Nature of Offence	Action taken
591	Tuberculin Tested Milk ..	Informal	2.3% deficient of fat	Further formal follow-up samples taken, Nos. 1100–1108
1106	Milk	Formal	7.3% deficient of fat	Follow-ups of Bacteriological Milk No. 591
1107	Milk	Formal	6.6% deficient of fat	
1108	Milk	Formal	8.3% deficient of fat	
732	Tuberculin Tested Milk ..	Informal	2.8% deficient of solids-not-fat. Normal ash content indicated no added water	Reported to Chief Sanitary Inspector
733	Tuberculin Tested Milk ..	Informal	1.66% deficient of solids-not-fat. Normal ash content indicated no added water	Reported to Chief Sanitary Inspector
738	Tuberculin Tested Milk ..	Informal	4.2% deficient of solids-not-fat. Normal ash content indicated no added water	Reported to Chief Sanitary Inspector
739	Tuberculin Tested Milk ..	Informal	3.5% deficient of solids-not-fat. Normal ash content indicated no added water	Reported to Chief Sanitary Inspector
741	Tuberculin Tested Milk ..	Informal	4.2% deficient of solids-not-fat. Normal ash content indicated no added water	Reported to Chief Sanitary Inspector
744	Tuberculin Tested Milk ..	Informal	13.3% deficient of fat	Formal follow-up samples taken, Nos. 1114–1119
1114	Milk	Formal	8.3% deficient of fat	Follow-ups of Bacteriological sample No. 744
1119	Milk	Formal	9.0% deficient of solids-not-fat. Judging from the freezing point, the sample contained 4.3% added water	
890	Tuberculin Tested Milk ..	Informal	4.3% deficient of fat and 4.4% deficient of solids-not-fat. No added water present	Formal follow-up samples taken proved to be genuine

TABLE C—*continued*

Sample No.	Article	Formal, Informal or Private	Nature of Offence	Action taken
913	Tuberculin Tested Milk ..	Informal	3.7% deficient of solids-not-fat. No added water present	Reported to Chief Sanitary Inspector
1050	Tuberculin Tested (Farm Bottled) Milk	Informal	13.3% deficient of fat	Formal follow-up samples taken were genuine
1163	Tuberculin Tested Milk ..	Informal	16.6% deficient of fat	Formal follow-up samples taken, Nos. 1141–1149
1164	Tuberculin Tested Milk ..	Informal	5.0% deficient of fat and 5.4% deficient of solids-not-fat. The freezing point indicated the presence of 1.7% added water	
1141	Milk	Formal	7.53% deficient of solids-not-fat. The freezing point indicated the presence of 3.2% added water	Follow-ups of Bacteriological Milks, Nos. 1163 and 1164 Producer fined £3 in respect of each case—a total sum of £21
1142	Milk	Formal	13.3% deficient of fat and 2.94% deficient of solids-not-fat. The freezing point indicated the presence of 3.2% added water ..	
1144	Milk	Formal	1.88% deficient of solids-not-fat. The freezing point indicated the presence of 3.2% added water	
1145	Milk	Formal	11.3% deficient of fat and 0.6% deficient of solids-not-fat. The freezing point indicated the presence of 2.3% added water	
1146	Milk	Formal	2.35% deficient of fat. The freezing point indicated the presence of 3.0% added water	
1147	Milk	Formal	Complied with statutory limits regarding composition, but the freezing point indicated a minimum added water content of 3.6%	

TABLE C—*continued*

Sample No.	Article	Formal, Informal or Private	Nature of Offence	Action taken
1148	Milk	Formal	3.53% deficient of solids-not-fat. The freezing point indicated the presence of 3.6% added water	See page 148
1232	Accredited Milk	Informal	15.3% deficient of fat	Formal follow-up samples taken, Nos. 1152–1156, three of which were "not genuine"
1263	Milk	Informal	10% deficient of fat	Formal follow-ups proved to be genuine
1267	Milk	Informal	10% deficient of fat	Formal follow-up samples taken, Nos. 1185 and 1186
1269	Milk	Informal	6.6% deficient of fat	Reported to Chief Sanitary Inspector
1271	Milk	Informal	6.6% deficient of fat	Reported to Chief Sanitary Inspector
1152	Milk	Formal	7.33% deficient of fat	Follow-ups of No. 1232 Bacteriological Milk
1153	Milk	Formal	18.3% deficient of fat	
1154	Milk	Formal	16.7% deficient of fat	
1324	Milk	Informal	26.67% deficient of fat and 3.18% deficient of solids-not-fat	Formal follow-up samples taken, Nos. 1192–1196, three of which were "not genuine"
1312	Milk	Informal	6.66% deficient of fat	Formal follow-up samples proved to be genuine
1316	Milk	Informal	16.7% deficient of fat	Formal follow-up samples proved to be genuine
1185	Milk	Formal	2% deficient of fat	Follow-ups of samples No. 1267 (Bacteriological)
1186	Milk	Formal	4.33% deficient of fat	
1314	Milk	Informal	20% deficient of fat	Formal follow-up samples taken, Nos. 1197–1200, two of which were "not genuine"

TABLE C—*continued*

Sample No.	Article	Formal, Informal or Private	Nature of Offence	Action taken
1193	Milk	Formal	10% deficient of fat and 0.6% deficient of solids-not-fat. The freezing point indicated no added water present	Follow-ups of Bacteriological sample No. 1324
1194	Milk	Formal	13.3% deficient of fat and 3.5% deficient of solids-not-fat. The freezing point indicated no added water present	
1196	Milk	Formal	2.35% deficient of solids-not-fat. The freezing point indicated no added water present	
1199	Milk	Formal	3.33% deficient of fat	Follow-ups of Bacteriological sample No. 1314
1200	Milk	Formal	16.7% deficient of fat	
1394	Milk	Informal	6.66% deficient of fat	Reported to Chief Sanitary Inspector
1429	Milk	Informal	3.18% deficient of solids-not-fat ..	Reported to Chief Sanitary Inspector
1434	Milk	Informal	13.3% deficient of fat	Reported to Chief Sanitary Inspector
1488	Milk	Informal	15.3% deficient of fat, and 7.05% deficient of solids-not-fat. No added water was found to be present	Reported to Chief Sanitary Inspector
1492	Milk	Informal	2.35% deficient of solids-not-fat. No added water was found to be present	Reported to Chief Sanitary Inspector
1493	Milk	Informal	1.77% deficient of solids-not-fat. No added water was found to be present	Reported to Chief Sanitary Inspector
1494	Milk	Informal	2.7% deficient of solids-not-fat. No added water was found to be present	Reported to Chief Sanitary Inspector

TABLE C—*continued*

Sample No.	Article	Formal, Informal or Private	Nature of Offence	Action taken
1495	Milk	Informal	1.8% deficient of solids-not-fat. No added water was found to be present	Reported to Chief Sanitary Inspector
S178	Pasteurised Milk	Private	Dirty condition	M.O.H. contacted Chief Sanitary Inspector who notified dairy
1714	Milk	Informal	33.3% deficient of fat	Followed up by formal sample No. 1336
1724	Milk	Informal	20.0% deficient of fat	Followed up by formal samples Nos. 1323–1330
1326	Milk	Formal	3.53% deficient of solids-not-fat	Follow-ups of Bacteriological sample No. 1724
1327	Milk	Formal	10.3% deficient of fat	
1328	Milk	Formal	30.3% deficient of fat	Further informal samples taken as follow-ups, Nos. 1849–1857
1329	Milk	Formal	39.3% deficient of fat	
1330	Milk	Formal	35.6% deficient of fat	
1336	Milk	Formal	26.7% deficient of fat	Follow-up of Bacterial sample No. 1714
1793	Milk	Informal	10% deficient of fat and 0.24% deficient of solids-not-fat	Reported to Chief Sanitary Inspector
1797	Milk	Informal	6.66% deficient of fat and 0.24% deficient of solids-not-fat	Reported to Chief Sanitary Inspector
1849	Milk	Informal	3.7% deficient of fat	Follow-ups of formal samples Nos. 1323–1330
1850	Milk	Informal	0.9% deficient of solids-not-fat	
1853	Milk	Informal	16.6% deficient of fat	
1855	Milk	Informal	13.3% deficient of fat	
1857	Milk	Informal	20% deficient of fat and 3.5% deficient of solids-not-fat	
1992	Milk	Informal	20% deficient of fat	Further follow-up samples proved to be genuine
2009	Milk	Informal	2.0% deficient of solids-not-fat	Reported to Chief Sanitary Inspector

TABLE C—*continued*

Sample No.	Article	Formal, Informal or Private	Nature of Offence	Action taken
2010	Milk	Informal	1.2% deficient of solids-not-fat ..	Reported to Chief Sanitary Inspector
2173	Milk	Informal	20% deficient of fat	Followed-up by informal samples Nos. 2209–2215
S184	Pasteurised Milk	Private	73.3% deficient of fat. No added water found to be present	Reported to Chief Sanitary Inspector
2198	Milk	Informal	6.66% deficient of fat and 1.77% deficient of solids-not-fat	Followed-up by informal samples Nos. 2225–2227
2209	Milk	Informal	6.66% deficient of fat	Follow-ups of informal Bacteriological Milk No. 2173
2215	Milk	Informal	10% deficient of fat. Barely up-to-the-mark as regards solids-not-fat	
2226	Milk	Informal	1.4% deficient of solids-not-fat ..	Follow-ups of informal Bacteriological sample No. 2198
2227	Milk	Informal	4.0% deficient of solids-not-fat. No added water present	
2374	Milk	Informal	13.3% deficient of fat	Reported to Chief Sanitary Inspector. Producer interviewed
2513	Tuberculin Tested Milk ..	Informal	4.0% deficient of fat	Three formal follow-up samples taken, Nos. 1349 and 1351
2514	Tuberculin Tested Milk ..	Informal	6.66% deficient of fat	
1349	Milk	Formal	3.33% deficient of fat	Follow-up of Bacteriological samples Nos. 2513 and 2514
2619	Pasteurised Milk	Informal	Genuine milk in a dirty bottle ..	Dairy manager cautioned by M.O.H. at interview

TABLE D(*a*). Food Samples other than Milk reported "Not Genuine"

Sample No.	Article	Formal, Informal or Private	Nature of Offence	Action taken
1151	Beef (Corned)	Informal	Showed signs of decomposition. Unfit for human consumption	Reported to Chief Sanitary Inspector
1343	Butter	Informal	Excess free fatty acid (1.09% as oleic acid)	Reported to Chief Sanitary Inspector
S188	Bread	Private	Contained a foreign body. (An oily mass containing copper compounds)	Bakery cautioned
1344	Cherries (Canned)	Informal	Tin blown, foul smelling odour ..	Reported to Chief Sanitary Inspector
S190	Chocolate Novelty	Private	Contained a foreign body. (A dead wasp)	Manufacturers cautioned by M.O.H.
2532	Dates	Informal	Infested with maggots	Supply confiscated
833	Ice Cream	Informal	14.0% deficient of sugar	Manufacturer cautioned by M.O.H.
1100	Ice Cream	Informal	35% deficient of sugar	Formal follow-up sample taken, No. 1202
1202	Ice Cream	Formal	11% deficient of sugar	Follow-up of informal sample No. 1100. Producer and ice cream powder manufacturer cautioned by M.O.H. Producer used wrong quantity of ice cream powder
1299	Ice Cream	Informal	18.7% deficient of milk-solids-not-fat	Formal follow-up sample taken, No. 1203
1203	Ice Cream	Formal	8% deficient of fat	Follow-up of informal sample No. 1299. Strongly cautioned by M.O.H.
1599	Ice Cream	Informal	17.3% deficient of milk-solids-not-fat	Formal follow-up sample proved to be genuine
1607	Ice Cream	Informal	17.3% deficient of milk-solids-not-fat	Formal follow-up sample proved to be genuine

TABLE D(*a*)—*continued*

Sample No.	Article	Formal, Informal or Private	Nature of Offence	Action taken
1766	Ice Cream	Informal	16% deficient of fat	Formal follow-up sample taken, No. 1208
1208	Ice Cream	Formal	12% deficient of fat and 8% deficient of solids-not-fat	Follow-up of informal sample No. 1766. Producer fined £3
437	Jam (Blackcurrant)	Informal	Contained 72 p.p.m. of sulphur dioxide	M.O.H. cautioned manufacturer
S185	Mustard and Cress	Private	Contained a foreign body. (A dead house mouse)	Reported to M.O.H. and Chief Sanitary Inspector. Origin of mouse not traced
2529	Pudding (Christmas)	Informal	Bore no label	Manufacturer cautioned by Town Clerk
2582	Pudding (Christmas)	Informal	Label bore no declaration of ingredients	Manufacturer cautioned by Town Clerk
1313	Sausage (Pork)	Formal	13% deficient of the desired minimum meat content	Reported to Chief Sanitary Inspector
1320	Sausage (Beef)	Formal	Contained 690 p.p.m. of undeclared preservative in excess of the permitted maximum amount	Vendor fined £1 for excessive preservative. Manager fined £1 for not displaying label in shop
1321	Sausage (Pork)	Formal	17% deficient of meat	Reported to Chief Sanitary Inspector
2539	Sweets (Rum and Butter)	Informal	Contained only 2.6% butter-fat	Manufacture discontinued. Vendor cautioned by M.O.H.
S182	Salt (Bio-Chemic, Non-Toxic)	Private	Misleading label	Followed-up by formal sample No. 1348
1348	Salt (Bio-Chemic, Non-Toxic)	Formal	Not labelled in compliance with the Labelling of Food Order, 1953	Manufacturer strongly cautioned by Town Clerk. Label to be amended

TABLE D(*b*). Drug Samples reported "Not Genuine"

Sample No.	Article	Formal, Informal or Private	Nature of Offence	Action taken
86	Bismuth Tablets	Informal	Not properly labelled as a medicine	Cautioned by M.O.H. Tablets withdrawn from sale
88	Bismuthated Magnesia Ovals	Informal	Not properly labelled as a medicine . .	Cautioned by M.O.H.
1468	Cascara Sagrada Tablets . .	Informal	Contained 6.6% in excess of french chalk	Cautioned by M.O.H.
1033	Compound Liquorice Powder	Informal	Solid rubber-like mass. Unfit for sale	Remaining stock destroyed
1322	Cough Mixture	Formal	No quantitative statement of ingredients accompanied the sample, which was orally recommended as a medicine	Cautioned by M.O.H. Vendor submitted an amended label which was approved by the Public Analyst and M.O.H.
1256	Easton's Syrup	Informal	Wrongly labelled "B.P." instead of "B.P.C." 16.6% deficient of the required amount of anhydrous ferrous phosphate and 13.0% deficient of the required quantity of anhydrous quinine	Cautioned by M.O.H.
492	Glauber's Salt	Informal	11.3% deficient of the required water content	Cautioned by M.O.H.
1027	Glauber's Salt	Informal	Contained 225.2% of Glauber's Salt. Deficiency of water of crystallisation sufficient to make dosing inaccurate	Remaining stock destroyed
1028	Glauber's Salt	Informal	Contained 225.6% of Glauber's Salt. Deficiency of water of crystallisation sufficient to make dosing inaccurate	Remaining stock destroyed

TABLE D(*b*)—*continued*

Sample No.	Article	Formal, Informal or Private	Nature of Offence	Action taken
1016	Potassium Bromide Tablets . .	Informal	Contained an excess of the stated amount of potassium bromide	Follow-up samples taken proved to be genuine
776	Prescription	Informal	Contained an excess of 84% of the required amount of sodium bromide	Cautioned. Followed-up by formal sample which proved to be genuine
1821	Seidlitz Powders B.P. . .	Informal	White packets contained excess of 10.8% and 18.8% of required amount of tartaric acid. One of blue packets contained an excess of 26.9% of required amount of sodium potassium tartrate/sodium bicarbonate mixture	Cautioned by M.O.H.
1354	Soda Mint Tablets . .	Informal	Not properly labelled as a medicine	Cautioned by M.O.H.
1357	Soda Mint Tablets . .	Informal	Not properly labelled as a medicine	Cautioned by M.O.H.
1358	Soda Mint Tablets . .	Informal	Not properly labelled as a medicine	Cautioned by M.O.H.
78	Sulphur Tablets	Informal	Not properly labelled as a medicine	Cautioned by M.O.H.
82	Sulphur Tablets	Informal	Not properly labelled as a medicine	Cautioned by M.O.H.
80	Sulphur Tablets	Informal	Contained 53.5% talc and improperly labelled as a medicine	Cautioned by M.O.H. Tablets withdrawn from stock
731	White Precipitate Ointment . .	Informal	11.2% deficient of the required amount of ammoniated mercury	Cautioned by M.O.H.
1597	Zinc Ointment B.P. . .	Informal	Contained an excess of 7.6% of the required amount of zinc oxide	Cautioned by M.O.H.

TABLE E

Results of Bacteriological Examinations of Milk, 1953

Grade	Total No. examined	Passed as satis-factory	No. which failed Me. Blue Test	More than 2.3 L.B.U.	% Satisfactory		
					1951	1952	1953
Tuberculin Tested (Farm Bottled).. ..	78	77	1	—	98.1	98.7	98.7
(including 34 Channel Island Milks)							
Tuberculin Tested	1,032	920	112	—	91.8	93.4	89.1
Tuberculin Tested (Pasteurised)	64	59	—	—	89.7	98.0	100.0
Test Void	5						
Pasteurised	276	263	5	—	96.2	99.5	98.9
Test Void	8						
School Milk (Pasteurised)	66	66	—	—	94.5	100.0	100.0
Accredited	61	51	10	—	100.0	75.0	83.6
Sterilised	53	53	—	—	98.1	100.0	100.0
Total	1,630	1,489	128	—	93.7	95.2	92.2
Total Test Void..	13						

TABLE F. Swimming Bath Waters Examined during 1953

Bath	No. examined	No. having satisfactory bacteriological quality	B. Coli too numerous or total count more than 1,000 per ml.	No. in which chlorine dose was too high	% passed as bacteriologically satisfactory
Cossington Street	5	5	—	1	100
Aylestone	11	11	—	—	100
Spence Street	7	7	—	—	100
Vestry Street	28	28	—	—	100
Wyggeston Boys' School ..	4	4	—	—	100
Total (Corporation Baths) ..	55	55	—	1	100
Kenwood Pool	14	14	—	—	100
Humberstone Lido	13	13	—	—	100
Total (all Baths)	82	82	—	1	100

TABLE G. Fertilisers and Feeding Stuffs Analysed in connection with the Fertilisers and Feeding Stuffs Act during 1953

Sample	Number Examined	Number Satisfactory	Number Unsatisfactory		
			Composition Incorrect	Statutory Declaration Defective	Total Unsatisfactory
Fertilisers					
Ammonium Sulphate . .	13	12	1	1	1
Basic Slag	7	4	2	1	3
Bone Meal	1	1	–	–	–
Compound Fertilisers . .	9	8	–	1	1
Dried Blood	7	6	1	–	1
Lime (Hydrated)	6	5	1	–	1
Feeding Stuffs					
Layers Mash	6	5	1	–	1
Super-laying Meal . .	1	–	1	–	1
Total	50	41	7	3	9
Private Fertilisers and Feeding Stuffs					
Silage	1	1	–	–	–
Compost	1	1	–	–	–
Pig Food	4	4	–	–	–
Layers Mash	1	–	1	–	1
Sheep Manure	1	1	–	–	–
Total	8	7	1	–	1

TABLE H

Miscellaneous Samples examined for various Corporation Committees

Health Department

Sulphur Cylinders	36	
Rain Water	24	
	—	60
Waters—Chemical :		
City Supply	5	
Leakage Waters	8	
Spring, Brook and River Waters	6	
Well Water	1	
	—	20
Waters—Bacteriological :		
City Supply	1	
Well Waters	3	
	–	4
Miscellaneous :		
Bath Waters	82	
Breast Milks	9	
Blotting Paper	2	
Churn Rinses	10	
Chocolate Teacakes	1	
Luncheon Meat	1	
National Dried Milk	1	
Sheeting	26	
Toilet Rolls	2	
Phosphatase Milks	1,245	
Soap Samples for Annual Contract	52	
	——	1,431

Architect's Department

Brick	1	
	–	1

Cleansing Department

Compost	1	
	–	1

Engineer's Department

Ashes and Colliery Shale	2	
	–	2

Town Clerk

Paddling Pool Water	4	
	–	4

Fire Service

Plain Flour	1	
	–	1

Museum

Peacock Viscera	1	
	–	1

Transport Department

Oil	2	
	–	2

Weights and Measures Department

Petrol	6	
Weights	4	
	–	10
Total		1,537

TABLE I

Miscellaneous Samples examined from sources other than Corporation Departments

Article	No.	Article	No.
Foods, Drugs and Beverages :		**Miscellaneous :**	
Aerated Water	1	Air Filter Deposit	1
Bacon	1	Cardboard	2
Blaud's Pills	1	Deposit (Water)	2
Blackcurrant Wine	2	Disinfectant	1
Bread	1	Fibre Card	1
Beer	1	Fæces	1
Chocolate Crumb	4	Insect	1
Chocolate	1	Label	1
Cheese Flavouring	2	Lime	1
Cordial	1	Lubricant Deposit	1
Fat (Sweetened)	1	Layers Mash	1
Gin	4	Machine Accessory	1
Milk	4	Pig Food	4
Orange Crush	1	Sewage	6
Plums (Canned)	4	Silage	1
Rum	1	Soil Indicator	1
Sausage	3	Swab	1
Sausage Meat	1	Slag	1
Strawberries (Canned)	1	Sheep Manure	1
Soda Water	1	Urine	1
Tablets	1	Waters (Chemical)	60
Turkey	1	Waters (Bacterial)	25
		Worm	1
		Total	154

TABLE J

Samples submitted by Members of the Public

Article	No.	Article	No.
Bread	2	Salmon	2
Bacon	1	Sausage	1
Cheese	1	Swiss Roll	1
Chocolate	1	Salt	2
Egg (Dried)	1	Sugar	1
Flour (Plain)	1	Sweets	1
Invalid Food	1		
Invalid Beverage	2	Total	22
Milk	3		
Mustard and Cress	1		

TABLE L

Samples of Milk examined by the Phosphatase Test, 1953

Dairy	Number Examined	No. giving less than 2.3 Blue Units : Efficient Pasteurisation	% of Total Satisfactory 1953	% Satisfactory in previous years		
				1952	1951	1950
1	248	248	100.0	99.6	100.0	100.0
Broken Bottle ..	1	—	—	—	—	—
2	249	249	100.0	100.0	100.0	100.0
Test Void ..	1	—	—	—	—	—
3	250	250	100.0	99.6	100.0	100.0
5	248	248	100.0	100.0	99.2	100.0
Test Void ..	1	—	—	—	—	—
8	247	247	100.0	99.6	98.7	98.3
Broken Bottles ..	2	—	—	—	—	—
Miscellaneous (mainly samples submitted for Bacteriological Tests)	142	142	100.0	99.2	92.2	100.0
Total	1,384	1,384	100.0	99.8	98.8	99.7
Total Test Void ..	2	—	—	—	—	—
Total Bottles Broken	3	—	—	—	—	—

TABLE K

Summary of Samples examined by Bacteriological Methods during 1953

Milk	1,568
Pasteurised Milk supplied to Schools	66
Reservoir and other Waters (for Water Committee)	1,888
Waters (for Health Committee)	5
Swimming Bath Waters	82
Miscellaneous Waters	25
Shellfish	23

TABLE N

Ice Cream Samples

Year	Fat Average %	Milk Solids Average %	Sucrose Average %	Ash Average %	No. of samples examined
1951	9.3	10.6	13.2	0.80	167
1952	8.8	8.8	13.0	0.76	110
1953	8.8	9.4	10.4	0.83	216

TABLE O

Atmospheric Pollution

Lead Peroxide Method for SO_2 Average Monthly Figures for 1953
Results expressed in mgms. of SO_3 per 100 sq. cm. per day

Month	Station			
	Grey Friars	Westcotes	The Almonds	Town Hall
January	3.95	1.99	—	—
February	3.25	1.66	—	—
March	3.03	1.89	—	—
April	2.08	0.97	—	—
May	1.45	0.63	—	—
June	1.20	0.78	—	—
July	1.14	0.38	0.19	1.21
August	0.97	0.49	0.27	1.19
September	1.12	0.37	0.16	1.47
October	2.18	0.81	0.21	2.46
November	3.11	1.01	0.30	3.83
December	2.90	1.64	0.75	3.53

TABLE P. Atmospheric Pollution

Figures obtained from Standard Deposit Gauges

Site of Gauge	Year	Average Monthly Rainfall Inches	Average Deposit in tons per square mile per month					
			Insoluble Deposit				Soluble Deposit	Total Deposit
			Tar	Soot	Ash	Total		
Town Hall Roof	1942	1.76	0.15	4.02	17.25	21.42	7.05	28.47
	1943	1.72	0.13	3.63	17.19	20.95	6.63	27.58
	1944	2.39	0.12	3.65	15.45	19.22	6.29	25.51
	1945	1.79	0.19	3.80	13.56	17.55	6.18	23.73
	1946	2.73	0.33	3.57	11.81	15.71	6.66	22.37
	1947	1.80	0.25	2.94	9.06	12.25	5.75	18.02
	1948	2.19	0.19	4.96	9.13	14.28	5.46	19.74
	1949	1.92	0.26	4.89	9.94	15.09	5.91	20.98
	1950	2.00	0.33	5.09	16.22	21.64	8.44	30.00
	1951	2.50	0.27	4.33	17.94	22.54	10.22	32.76
	1952	1.98	0.27	3.71	15.33	19.31	7.41	26.72
	1953	1.77	0.28	4.50	12.07	16.87	8.68	25.55
Average for 12 years		2.04	0.23	4.09	13.74	18.07	7.05	25.12
Evington ..	1951	2.84	0.11	1.15	1.84	3.10	3.76	6.86
	1952	2.04	0.12	1.96	3.05	5.13	3.91	9.04
	1953	1.79	0.10	1.18	1.40	2.35	2.83	5.18
Average for three years		2.22	0.11	1.43	2.09	3.52	3.50	7.02

TABLE W

Samples Submitted by the Water Department

Waters (Chemical)	1,699
Waters (Bacterial)	1,584
Waters (Biological)	13
Daily City Supply Waters	304
Bitumen Emulsion	1
Brick Dust	1
Cup	1
Geological Samples	17
Insects	4
Lead Piping	3
Plastic Joining	1
Washer	1
Total	3,629

TABLE W(*a*)

THORNTON IMPOUNDING RESERVOIR

Summary of Samples taken during 1953

	Raw			Filtered			Chlorinated			In Supply		
	No. of Smpls.	Aver-age	Range	No. of Smpls.	Aver-age	Range	No. of Smpls.	Aver-age	Range	No. of Smpls.	Aver-age	Range
*p*H	50	8.0	7.5–8.5	152	7.4	7.1–7.6	150	7.3	7.1–7.5	52	7.3	7.1–7.8
Colour (Hazen Scale) . .	50	24.9	15–35	148	14.0	9–21	150	7.0	4–11	52	7.6	—
Turbidity (p.p.m. SiO_2) . .	48	4.1	1–25	—	—	—	—	—	—	—	—	—
Probable No. of Coliform Organisms per 100 ml. . .	51	3	Nil–600	149	1	Nil–16*	150	Nil	Nil	52	Nil	Nil

*Two further samples of Thornton filtered water contained more than 18 coliform organisms per 100 ml.

TABLE W(*b*)

CROPSTON IMPOUNDING RESERVOIR

Summary of Samples taken during 1953

	Raw			Filtered			Chlorinated			In Supply		
	No. of Smpls.	Average	Range	No. of Smpls.	Average	Range	No. of Smpls.	Average	Range	No. of Smpls.	Average	Range
*p*H	46	7.6	7.2–8.4	97	7.2	6.9–7.5	90	7.1	6.9–7.3	39	7.1	6.9–7.3
Colour (Hazen Scale) ..	46	19.0	14–25	92	9.6	6–12	87	6.2	4–12	44	6.0	5–9
Turbidity (p.p.m. SiO_2) ..	46	2.5	1–7	—	—	—	—	—	—	—	—	—
Probable No. of Coliform Organisms per 100 ml. ..	45	38	Nil–600 *	92	2	Nil–50 †	88	Nil	Nil	42	Nil	Nil

*Two further samples contained more than 180 coliform organisms per 100 ml.
†Three further samples contained more than 18 coliform organisms per 100 ml.

TABLE W(*c*)

SWITHLAND IMPOUNDING RESERVOIR

Summary of Samples taken during 1953

	Raw			Filtered			Chlorinated			In Supply		
	No. of Smpls.	Average	Range	No. of Smpls.	Average	Range	No. of Smpls.	Average	Range	No. of Smpls.	Average	Range
*p*H	45	8.0	7.7–8.3	94	7.4	7.2–7.8	94	7.3	7.1–7.6	48	7.3	7.1–7.6
Colour (Hazen Scale) ..	45	19.5	13–30	89	10.2	7–24	92	6.3	4–12	48	6.0	4–8
Turbidity (p.p.m. SiO_2) ..	45	3.2	Nil–9	-	—	—	—	—	—	—	—	—
Probable No. of Coliform Organisms per 100 ml. ..	45	31	Nil–160 *	94	2	Nil–16 †	94	Nil	Nil	48	Nil	Nil

*A further sample contained more than 180 coliform organisms per 100 ml.

†A further two samples contained more than 18 coliform organisms per 100 ml.

TABLE W(*d*)

DERWENT SUPPLY

Summary of Samples taken during 1953

	Incoming water to Hallgates Filter Station			Outgoing water from Hallgates Filter Station			In Supply		
	No. of Samples	Average	Range	No. of Samples	Average	Range	No. of Samples	Average	Range
*p*H	149	8.6	7.2–9.5	148	8.6	7.6–9.4	52	8.5	7.2–9.6
Colour (Hazen Scale) ..	151	4.6	4–8	152	4.4	4–6	50	5.0	4–9
Probable No. of Coliform Organisms per 100 ml. ..	154	Nil	Nil	151	*Nil	Nil	51	Nil	Nil

*One sample from each of the three reservoirs showed a positive reaction on separate occasions

APPENDIX V

Report on the Sanitary Inspection Department

for the year 1953

by

G. A. HILLER, F.R.San.I., A.M.I.S.E., F.S.I.A.
Chief Sanitary Inspector

My first year as Chief Sanitary Inspector in Leicester has been a notable one as will be seen from the following introduction to the statistical report of the year's work in the Sanitary Inspection Department.

I have to thank Mr. McHugh, my predecessor, for his assistance during the few days which I spent here prior to taking up my appointment. I am also most grateful to Dr. Macdonald and all my colleagues in the City Health Department for the way in which they have received me, and I am pleased to record the ready co-operation which I have received from my own staff during a difficult year, in which the establishment of sanitary inspectors has continued to decrease.

HOUSING

During the year the City Development Plan was the subject of a Public Inquiry in which the rehousing proposals relating to some 18,000 houses were considered. These proposals were based on detailed inspections which had previously been carried out by this department.

In addition to this, in September, the Health Committee's proposals relating to the Lewin Street Clearance Area were also the subject of a Public Inquiry which has since been confirmed. This area which forms part of the Wharf Street Redevelopment Area, involves some 247 houses and 13 other buildings, and it is understood that it was one of the largest in the country in post-war slum clearance schemes. Incidentally, there are still 208 houses in pre-war clearance schemes which are still occupied and remain to be dealt with. It is unfortunate that the urgent needs for housing redevelopment in other areas, together with the overall considerations with which the Development Plan is concerned, are complicating the demolition and clearance of these houses which were declared to be unfit for human habitation more than 15 years ago.

FOOD HYGIENE

In the field of food hygiene endeavours have been made to interest the local food traders' organisations in the formation of a Clean Food Guild. This involved a considerable amount of negotiation and discussion regarding Codes of Practice and it is hoped that this approach of a voluntary nature inviting the co-operation of food traders to assist in improved food handling conditions rather than the inspectoral system followed by service of notices for non-compliance will justify the amount of work which has had to be done. In any case in pursuing this policy the Health Committee has done much to remind food traders of their obligations under the Food and Drugs Act and the Food Handling Bye-laws and, by now, there should be very few who are not fully familiar with their obligations.

MEAT INSPECTION

At the public abattoirs and in the other associated government controlled slaughterhouses endeavours have been made to improve standards as regards working methods of hygiene, and an example has been set in the complete revision of protective clothing worn by the meat inspectors, and wiping cloths and knives are now sterilised daily. It is intended with the decontrol of meat rationing and return of the slaughterhouses to private ownership to extend these methods to slaughtermen and associated workers as well as arranging for the daily sterilisation of all slaughtering equipment.

During the year under review 137,000 carcases were inspected and nearly 250 tons of meat were condemned. This fact, together with the realisation that food poisoning can occur all too easily through meat contaminated during dressing and preparation, emphasises the need for a modern abattoir and the importance of maintaining a 100 per cent meat inspection service.

STAFF

Staff losses continue owing to the attraction afforded to the younger sanitary inspectors in districts where work is of a less pressing nature than in a large industrial city. Whilst the national salary structure for sanitary inspectors in particular disregards the differences in working conditions in heavily populated and industrial areas as compared with country districts and small residential towns this staff problem will remain. At the end of the year the establishment of sanitary inspectors (32) had fallen to 23. As a long-term measure the Health Committee agreed in principle to the admission of articled student sanitary inspectors.

In September, Mr. H. Clough was promoted to be Deputy Chief Sanitary Inspector in succession to Mr. M. C. Cripps, who had held the office for the past three years and died in July ; in all he had served Leicester loyally and well for 27 years. Whilst I had very little personal contact with Mr. Cripps, it is evident that he was held in high esteem and his death was a great loss to his colleagues as well as to the Department.

Miss M. F. Shute, Food Hygiene Officer, was appointed in June and later joined the Sanitary Inspection Department staff. Her work, particularly in cafés and restaurants, where she is able to demonstrate hygienic practices by practical working demonstrations, is appreciated in the department and increasingly so amongst the restauranteurs and café proprietors.

Reference has been made to housing and food hygiene which show the pressing urgency for systematic inspection and attention to environmental conditions as a basis on which to develop the more "personal" health service available through the many facilities provided by the Health Committee under the administrative control of the Medical Officer of Health, together with the advantages of the National Health Service.

Without a full complement of sanitary inspectors it is quite impossible to deal adequately with the environmental health needs in the City of Leicester.

SYNOPSIS OF SANITARY INSPECTION WORK

	Inspections	Re-inspections	Total
Accumulations	96	51	147
Agricultural Produce (Grading and Marking) Act	16	—	16
Animals, Poultry, Swine, etc.	66	12	78
Ashpits and Ashbins	3	2	5
Bakehouses	43	6	49
Canal Boats	1	—	1
Cesspools	172	64	236
Closets—Water	948	1,305	2,253
,, Pails	6	28	34
Cold Stores	18	—	18
Common Lodging Houses	34	15	49
Complaints Received	3,787	—	3,787
Complaints Confirmed	2,778	—	2,778
,, ,, Re-visits	—	9,206	9,206
Cowsheds	40	—	40
Dairies	136	1	137
Dangerous Structures	77	7	84
Ditches and Watercourses	23	25	48
Drains—Inspected	1,223	1,810	3,033
,, Smoke Tests	179	77	256
,, Chemical Tests	17	5	22
,, Colour Tests	92	53	145
Entertainment Houses	18	20	38
Factories	344	122	466
Fish Frying Premises	14	16	30
Food Examination	887	22	909
Food Manufacturing Premises	219	14	233
Food Vendors' Vehicles	7	4	11
Food Warehouses	630	—	630
Hotel and Restaurant Kitchens	1,039	50	1,089
Houses Let in Lodgings	20	2	22
Houses re Infectious Disease	1,769	553	2,322
,, ,, ,, Contacts	931	359	1,290
,, Specimens of Faeces, etc.	795	396	1,191
,, Disinfection	256	18	274
,, Overcrowding	744	89	833
,, Vermin	449	147	596
Housing Acts :			
Section 9 (Repairs)—			
Houses	1,965	4,035	6,000
Other Buildings	—	100	100
Section 11 (Individual Unfit)—			
Houses	183	55	238
Other Buildings	30	13	43
Section 25 (Clearance Areas)—			
Houses	1,667	79	1,746
Other Buildings	40	—	40
Special Visits	536	139	675
Carried forward	22,298	18,900	41,198

	Inspections	Re-inspections	Total
Brought forward	22,298	18,900	41,198
Ice Cream Premises	709	67	776
Markets—Retail Fish	184	—	184
,, Retail Provision	131	—	131
,, Wholesale Fish	367	—	367
,, Wholesale Fruit and Vegetable	512	—	512
Meeting with Owner or Tradesman	2,044	20	2,064
Merchandise Marks Act	175	4	179
Milk Shops	486	16	502
Offensive Trade Premises	4	—	4
Outworkers	1	—	1
Pet Animals Shops	14	—	14
Piggeries	19	2	21
Samples for analysis :			
visits, etc., re foodstuffs, water, rag flocks, etc.	2,525	—	2,525
Schools	2	—	2
Sewers, etc.	24	3	27
Shops—Fish	146	—	146
,, Fruit	121	7	128
,, Meat	187	5	192
,, Other Food Shops	560	84	644
Shops Acts	723	576	1,299
Slaughterhouses—Private	52	1	53
Smoke Observations	130	19	149
Special Visits re Smoke	24	—	24
Stables	13	3	16
Street Gullies	2	—	2
Streets or Back Roads	3	—	3
Tips	4	—	4
Urinals—Private	23	3	26
,, Public	77	3	80
Van Dwellings	348	214	562
Wells	3	8	11
Yards and Courts	35	16	51
Grand Totals	31,946	19,951	51,897

Comparative figures for 1952	36,259	26,635	62,894
Notices—Served—Informal	..	..	1,708
Formal	..	..	42
Complied with—Informal	..	..	1,931*
Formal	..	..	36

*(Includes 1,032 notices served in previous years)

CESSPOOLS AND PAIL CLOSETS

Number remaining December, 1953 :

No. of known Cesspools	87
No. of known Pail closets	73

IMPROVEMENTS TO HOUSES

	No. of houses
Separate internal water supply in place of taps in common yards	4
Additional water closets	10

DRAINS

Voluntary Cleansing of Stopped Drains by Health Department

One hundred and ninety-eight were attended to and of these 146 were unstopped immediately. In the remaining 52 cases the owners' attention had to be called to them.

DISINFECTION

Houses or parts of houses disinfected 779

Clothing and Bedding, etc., comprising 1,444 articles steam disinfected.

DISINFESTATION

	Council Houses	*Other Houses*
Houses disinfested	290	374

Clothing and Bedding, etc., comprising 328 articles steam disinfested.

DISINFECTION AND DISINFESTATION

The department is still without satisfactory premises and equipment for the adequate disinfection and disinfestation work which is becoming increasingly necessary. Difficulty has been experienced in finding a satisfactory site for a new Station and the arrangement with the hospital authorities at Groby Road is limited to disinfection.

ICE CREAM PREMISES, 1953

For Manufacture, Storage and Sale	For Sale of Prepacked only	For Sale of Double Wrapped only	Total
Hot Mix .. 12 Cold Mix .. 4 Freezing and Sale .. 1 Storage only 3	583	64	667
Total .. 20	583	64	667

BACTERIOLOGICAL EXAMINATION OF SAMPLES OF ICE CREAM

One hundred and ninety-nine samples of ice cream for examination to ascertain the bacteriological standard were taken during the year with the following results :

Grade	Prepacked	Loose	Total	Percentage
I	63	113	176	88.5
II	6	10	16	8.0
III	—	6	6	3.0
IV	—	1	1	.5
	69	130	199	

The bacteriological standard of ice cream has again improved, the percentage graded I and II being 96.5% as against 93% in 1951 and 1952.

CHEMICAL EXAMINATION OF SAMPLES OF ICE CREAM

During the year the original standards for the chemical composition of ice cream were re-imposed, the standards now being : 5% Fat, 7.5% Milk Solids-not-Fat, and 10% Sugar.

Two hundred and sixteen samples were taken for chemical analysis and gave the following averages :

	Fat	Milk Solids-not-Fat	Sugar
Pre-packed ice cream ..	10.0%	10.4%	12.9%
Loose ice cream ..	8.6%	9.8%	12.7%

There has been little variation in the average composition of loose or pre-packed ice cream.

Six samples were reported as deficient : three in Fat, two in Milk Solids-not-Fat, one in sugar.

Twenty Formal samples were taken during the year at the weekends and on Sundays, but only in one case was it necessary to institute proceedings and the vendor was fined £3 for selling ice cream 12% deficient of fat.

In two instances of deficiencies, samples of ice cream powder used in manufacture were examined but, in each case, the analysis showed that when properly mixed the powder would give a satisfactory ice cream.

Advice as to proper mixing is given by the department when any difficulty is experienced.

The manufacture of lollipops continues to increase and, in the absence of legislation requiring the premises to be registered, is not easy to control. 20 samples were taken during the year and the bacteriological standard of one firm's "ice cream" lollipops was reported as unsatisfactory. "Ice cream" lollipops are manufactured with pasteurised ice cream to which various flavours are added before freezing. Visits were made to the factory and instructions given that all "ice cream" lollipops should receive the same treatment as ice cream itself, i.e., pasteurisation and cooling. Improved methods were instituted and the bacteriological standard was then reported satisfactory.

EXAMINATION OF MILK FOR PRESENCE OF TUBERCLE BACILLI

Number of Samples of Milk taken for microscopical and biological examination for Tubercle Bacilli :

Year	1949	1950	1951	1952	1953
Number taken ..	55	47	46	55	33
Percentage containing Tubercle Bacilli ..	—	2.12	—	—	6.06

Details respecting samples taken

	Number of Samples taken	Number reported containing Tubercle Bacilli	Number reported negative	Number unsatisfactory although negative as regards Tubercle Bacilli
Cowkeepers with registered premises within City boundaries ..	33	2	27	4

OFFENSIVE TRADES

Particulars of all Offensive Trades in the City :

Number of Tripe Dressers	6
Number of Marine Store Dealers	8

RENT RESTRICTIONS ACTS

Certificates granted	nil

SLAUGHTERHOUSES

Particulars of all Slaughterhouses in the City :

*Registered Slaughterhouses	26
Licensed Private Slaughterhouses (includes two Knackers' Yards)	3
Corporation Slaughterhouses situated at Cattle Market	19
Slaughterhouses situated at City Hospitals :	
Towers (Mental) Hospital	1
Leicester General Hospital	1
Total Slaughterhouses	50

*No slaughtering is being done in these slaughterhouses at present.

INSPECTION OF SHOPS

	Inspected	Re-inspected	Total
Fish	146	—	146
Fruit	121	7	128
Meat	187	5	192
Other Food Shops	560	84	644
Shops Acts	723	576	1,299

	Contraventions	Work completed
Light	—	2
Ventilation	1	9
Heating	—	1
Sanitary accommodation	2	7
Washing accommodation	15	12
Meal facilities	—	1
Forms required	39	31
Seats required	—	—
Hot water required	181	89
Cleaning	6	9
Other defects	13	23

CATERING PREMISES

Food Hygiene

The standard of hygiene and cleanliness has continued to receive attention during the year but shortage of staff is particularly noticeable in this aspect of the department's work. At present there is only one inspector whereas normally there is more than enough work for three. The teaching of hygiene methods to personnel is an important factor and talks, illustrated by film strips, have been given in business premises with the co-operation and assistance of employers.

The continued improvement of premises is being encouraged and though difficulties are still being encountered in old premises due to lack of space, progress is being made. The organisation of the Clean Food Guild will require considerable additional work, but the over-all effect will be to encourage and recognise the efforts of the trade to improve their premises and the standard of hygiene in the preparation of food for sale to the public.

A notable change of policy has been the recommendation by the Ministry of Health that Hospital Management Committees should seek advice from local public health authorities on kitchen hygiene.

Mr. Beresford and Miss Shute have done some work in this direction and Miss Shute, who joined the Sanitary Inspection Department in August, has commented on it in the following short statement on her work.

Food Hygiene Officer's Report

"During the seven months since my appointment a total of 249 visits have been made to cafés, shops, clubs, hotels and public houses, fried fish saloons and hospitals. During this period, 10 catering establishments were closed. In addition, seven fried fish saloons were found to have closed.

"In August, 1953, I moved from the Head Office in Grey Friars to the Sanitary Inspection Department. I would like to thank the Sanitary Inspectorate for all their co-operation and help, particularly during the first few months when I was a stranger in Leicester.

"The standard of hygiene is, on the whole, improving very slowly. The advent of the Clean Food Guild will, I think, be an incentive to managements to improve standards in their establishments. The main difficulty in catering establishments still seems to be finding general staff.

"An increasing number of establishments have installed food cases and tongs for the handling of foodstuffs.

"In July, in conjunction with Mr. Beresford, an inspection was made of the catering arrangements at the Isolation Hospital, Groby Road, and in September a similar inspection was made of the catering arrangements at the Leicester Frith Hospital. Reports have been sent to the controlling committees.

"In August, the City Health Department had a Stand at the Abbey Park Flower Show and a day was spent at this Stand answering questions on food hygiene".

SUMMARY OF FOODSTUFFS CONDEMNED

	Tons	Cwt.	Qrs.	Lb.
Fish (excluding Shell Fish) ..	10	10	1	22
Shell Fish :				
Crabs	–	1	–	14
Escallops (23 dozen only) ..	–	–	–	14
Lobsters ..	–	–	1	10
Mussels ..	4	4	2	–
Other Shell Fish	–	9	3	11
Fruit	1	9	2	1
Meat :				
Ministry of Food Central Slaughterhouses (Cattle Market) ..	245	15	1	23
Private Slaughterhouses ..	–	19	3	26
Retail Shops, Canteens, etc.	–	3	–	15
Vegetables ..	8	18	2	21

Poultry, Game, etc.

Chicken and Fowls	89
Hares	14
Rabbits	136

Other Foodstuffs, etc.

Almonds (salted) ..	4 jars
Bacon	2,036 lb.
Biscuits	17 lb.
Cake	106 lb.
Cereals	18 lb.
Cheese	407 lb.
Cheese (processed) ..	12 boxes
Chocolate	574 lb.
Coconuts	90
Eggs	50
Essences	22 bottles
Faggots	24
Fat	143 lb.
Fish	2,903 tins
Fish Cakes ..	461
Flour	570 lb.
Frozen Foodstuffs (miscellaneous) ..	45 lb.
Fruit ..	16,858 tins
Gelatine	24 packets
Ginger	112 lb.
Gravy Mixture ..	86 packets
Haricot Beans ..	14 lb.
Jam, etc.	265 jars
Junket	54 tubes
Meat	3,156 tins
Milk	2,286 tins
Nuts	10 lb.
Pasties, etc. ..	260
Peas	56 lb.
Pickles, etc. ..	208 jars
Pork Pies	44 lb.
Puddings (Christmas)	404
Rice	100 lb.
Sauce	342 bottles
Sausage	562 lb.
Seasoning	648 packets
Sugar	38 lb.
Sweets	330 lb.
Tea	92 lb.
Vegetables ..	14,082 tins

MILK TRADERS—LICENSING AND REGISTRATION

MILK AND DAIRIES

MILK (SPECIAL DESIGNATIONS) (PASTEURISED AND STERILISED MILK) REGULATIONS, 1949

and

MILK (SPECIAL DESIGNATIONS) (RAW MILK) REGULATIONS, 1949

APPLICATIONS FOR LICENCES

	No. of applications received
Dealer's (Pasteuriser's) Licence	5
Dealer's (Steriliser's) Licence	1
Dealer's Licence authorising the sale of "Tuberculin Tested" Milk	30
Dealer's Licence authorising the sale of "Accredited" Milk	14
Dealer's Licence authorising the sale of "Sterilised" Milk	330
Dealer's Licence authorising the sale of "Pasteurised" Milk	312
Dealer's Supplementary Licence authorising the sale of "Pasteurised" Milk	2
Dealer's Supplementary Licence authorising the sale of "Tuberculin Tested" Milk	1
Dealer's Supplementary Licence authorising the sale of "Sterilised" Milk	1

No objection was raised to the granting of these licences.

Food and Drugs Act, 1938

Number of Samples taken for Chemical Analysis

1949	1950	1951	1952	1953
1,001	1,016	1,233	1,028	1,220

Number of Samples taken under Fertilisers and Feeding Stuffs Act, 1926	50
Number of Samples taken under Rag Flock and Other Filling Materials Act, 1951	5

Milk (Special Designations) Order, 1936

NUMBER OF SAMPLES TAKEN FOR BACTERIOLOGICAL EXAMINATION

1949	1950	1951	1952	1953
1,141	1,334	1,237	1,511	1,630

LEGAL PROCEEDINGS

Acts, Byelaws or Regulations under which proceedings were instituted	Default or Offence	Fines £ s. d.	Costs £ s. d.
Contra. Food and Drugs Act, 1938, Section 3 ..	Selling to the prejudice of the purchaser milk not of the quality demanded ..	10 0 0	—
	Farm Foreman	2 0 0	—
Do. ..	Selling to the prejudice of the purchaser milk not of the quality demanded ..	21 0 0	—
Food and Drugs Act, 1938, Section 9	Selling to the prejudice of the purchaser food not of the quality demanded :		
	Firm	45 0 0	—
	Managers	19 0 0	—
Clean Food Byelaws	Firm	1 0 0	—
	Manager	1 0 0	—
Public Health (Preservatives, etc., in Food) Regulations, 1925	Beef Sausage—excess preservative—absence of labels :		
	Vendor	1 0 0	—
	Assistant	1 0 0	—
Food and Drugs Act, 1938, Section 3	Ice Cream. Deficient 12% Fat and 8% Sugar-not-Fat ..	3 0 0	—
Food and Drugs Act, 1938, Section 9 (1)	Selling to the prejudice of the purchaser food not of the quality demanded ..	25 0 0	—

LEGAL PROCEEDINGS

Two instances of the possession of food unfit for human consumption were the subject of prosecution and penalties were imposed by the magistrates.

In the first case five shops and a storage depot were involved and over 15 cwts of food seized. Some of this was exposed for sale and large quantities were found in the rear premises. There was also heavy mice infestation in the storage depot. Whilst obligation rests clearly upon food traders for having such food in their possession there is no doubt that with more frequent inspection of food premises such accumulations would not occur. Fines totalling £66 were imposed.

The second case involved a market trader who exposed some 364 unsound canned goods on a stall in the Retail Market and it is interesting to note that some of the food was offered to the Chief Sanitary Inspector when he visited the stall before he had an opportunity of declaring his identity. In this instance a fine of £25 was imposed.

TABLE A. Total Weights of Meat Condemned.

	British Meat				Imported Meat				British Offal				Imported Offal				Totals			
	T.	C.	Qr.	Lb.	T.	C.	Qr.	Lb.	T.	C.	Qr.	Lb.	T.	C.	Qr.	Lb.	T.	C.	Qr.	Lb.
Ministry of Food Central Slaughterhouses	98	10	3	4	0	15	0	8	146	9	2	2	0	0	0	9	245	15	1	23
Private Slaughterhouses	0	8	2	18	0	0	0	0	0	11	1	8	0	0	0	0	0	19	3	26
Totals	98	19	1	22	0	15	0	8	147	0	3	10	0	0	0	9	246	15	1	21

TABLE B. Weight of Carcases, Parts and Offals of Animals affected with Tuberculosis and Other Diseases

	Tuberculosis												Other Diseases												Totals			
	Carcases				Parts				Offals				Carcases				Parts				Offals							
	T.	C.	Qr.	lb.	T.	C.	Qr.	lb.	T.	C.	Qr.	lb.	T.	C.	Qr.	lb.	T.	C.	Qr.	lb.	T.	C.	Qr.	lb.	T.	C.	Qr.	lb.
Cattle excluding Cows ..	18	0	3	8	3	0	0	22	28	18	3	3	1	1	1	27	4	17	2	10	36	1	3	9	92	0	2	23
Cows ..	23	1	1	1	17	10	3	9	54	16	1	26	7	15	3	18	2	3	0	2	12	9	0	12	117	16	2	12
Calves ..	0	1	2	20	0	0	0	0	0	0	1	27	1	0	1	22	0	0	2	18	0	4	3	13	1	8	0	16
Sheep and Lambs ..	0	0	0	0	0	0	0	0	0	0	0	0	2	7	3	9	0	3	1	18	2	6	3	23	4	18	0	22
Pigs ..	3	6	2	21	8	10	3	19	7	1	2	13	3	16	1	13	1	0	0	4	5	0	0	22	28	15	3	8
Totals ..	44	10	1	22	29	1	3	22	90	17	1	13	16	2	0	5	8	4	2	24	56	2	3	23	244	19	1	25

TABLE C. Imported Meat Condemned.

																						Totals				
	Carcases				No. of	Parts				No. of	Offals				No. of	Tins				No. of	Weight				Items
	T.	C.	Qr.	lb.		T.	C.	Qr.	lb.		T.	C.	Qr.	lb.		T.	C.	Qr.	lb.		T.	C.	Qr.	lb.	
Beef ..	0	0	0	0	0	0	15	0	8	19	0	0	0	9	1	0	0	0	14	5	0	15	1	3	25
Mutton	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Pork ..	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	3	2	17	31	0	3	2	17	31
Veal ..	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Totals ..	0	0	0	0	0	0	15	0	8	19	0	0	0	9	1	0	3	3	3	36	0	18	3	20	56

TABLE D. Number of Carcases, Parts and Offals affected with Tuberculosis and Other Diseases

	Tuberculosis				Other Diseases				Grand Total
	Carcases	Parts	Offals	Totals	Carcases	Parts	Offals	Totals	
Cattle excluding Cows	66	677	962	1,705	7	241	3,519	3,767	5,472
Cows	108	702	1,238	2,048	36	121	1,575	1,732	3,780
Calves	3	0	0	3	67	4	26	97	100
Sheep and Lambs ..	0	0	0	0	123	22	1,913	2,058	2,058
Pigs	58	1,267	493	1,818	92	117	1,609	1,818	3,636
Totals ..	235	2,646	2,693	5,574	325	505	8,642	9,472	15,046

TABLE E. Total Number of Animals Slaughtered, 137,042, comprising :

	Cattle excluding Cows	Cows	Calves	Sheep and Lambs	Pigs	Totals
Ministry of Food Central Slaughterhouses	13,592	5,839	7,753	63,529	41,333	132,145
Private Slaughterhouses . .	3	95	—	198	9	305
Casualties	163	176	1,537	412	2,304	4,592
Totals	13,758	6,110	9,290	64,139	43,646	137,042

TABLE F. Percentage of All Animals affected with Disease, 10.97
Percentage of Animals affected with Tuberculosis and Other Diseases

	Cattle excluding Cows	Cows	Calves	Sheep and Lambs	Pigs
Tuberculosis	11.91	31.75	Nil	Nil	4.03
Other Diseases	27.32	27.75	.32	3.01	3.95

TABLE G. Percentage of Whole Carcases rejected

	Cattle excluding Cows	Cows	Calves	Sheep and Lambs	Pigs
Tuberculosis	.48	1.76	.003	Nil	.13
Other Diseases	.05	.58	.72	.19	.21

TABLE H. Tabulated List of other defined Diseases and their incidence in Carcases rejected

Disease	Cattle excluding Cows	Cows	Calves	Sheep and Lambs	Pigs	Total
Abscesses	–	1	–	–	2	3
Anthrax	–	–	–	–	1	1
Bruised	–	–	1	–	–	1
Carcinoma	–	–	–	3	–	3
Dead Animals ..	–	–	2	2	4	8
Dropsy	–	4	2	19	5	30
Decomposition ..	–	–	–	–	2	2
Emaciation	–	1	2	40	7	50
Enteritis	–	–	2	–	4	6
Erysipelas	–	–	–	–	1	1
Fevered	–	2	13	12	15	42
Gangrene	–	–	–	6	–	6
Injured	–	–	1	2	–	3
Immature	–	–	29	2	–	31
Johnes Disease ..	–	15	–	–	–	15
Jaundice	–	–	–	–	1	1
Leucaemia	–	–	–	1	–	1
Lymphatic ..	–	–	1	–	–	1
Moribund	–	1	2	2	2	7
Mastitis	–	1	–	–	–	1
Melanosis	–	–	1	–	–	1
Navel Ill	–	–	1	–	–	1
Nephritis	–	–	–	1	–	1
Oedema	4	1	4	18	12	39
Pyaemia	–	1	6	4	7	18
Peritonitis	–	1	–	–	3	4
Pleurisy	–	–	–	–	1	1
Septic Pericarditis ..	–	2	–	–	4	6
Septic Pneumonia ..	–	–	–	4	2	6
Septic Metritis ..	–	1	–	2	1	4
Septic Mastitis ..	–	1	–	1	–	2
Septicaemia ..	3	3	–	3	5	14
Swine Fever ..	–	–	–	–	10	10
Suffocation ..	–	–	–	–	2	2
Tumour	–	–	–	1	1	2
Uraemia	–	1	–	–	–	1
Totals	7	36	67	123	92	325

Carcases Inspected and Condemned

	Cattle excluding Cows	Cows	Calves	Sheep and Lambs	Pigs
Number killed	13,758	6,110	9,290	64,139	43,646
Number inspected	13,758	6,110	9,290	64,139	43,646
All diseases except Tuberculosis—Whole carcases condemned ..	7	36	67	123	92
Carcases of which some part or organ condemned	3,760	1,696	30	1,935	1,726
Percentage of the number inspected affected with disease other than Tuberculosis	27.37	28.33	1.04	3.20	4.16
Tuberculosis only. Whole carcases condemned	66	108	3	Nil	58
Carcases of which some part or organ condemned	1,639	1,940	Nil	Nil	1,760
Percentage of the number inspected affected with Tuberculosis ..	12.39	33.51	.03	Nil	4.16

OBSERVATIONS ON THE ADMINISTRATION OF THE FACTORIES ACT, 1937

PART I OF THE ACT

1.—INSPECTIONS for purposes of provisions as to health (inspections made by Sanitary Inspectors)

Premises (1)	Number on Register (2)	Number of		
		Inspections and Re-Inspections (3)	Written notices (4)	Occupiers prosecuted (5)
(i) Factories in which Sections 1, 2, 3, 4 and 6 are to be enforced by Local Authorities	97	23	2	—
(ii) Factories not included in (i) in which Section 7 is enforced by the Local Authority	2,079	491	67	—
(iii) Other Premises in which Section 7 is enforced by the Local Authority* (excluding out-workers' premises)	—	1	—	—
Total	2,176	†515	69	—

(†Includes 49 visits to Bakehouses)

*_i.e._, Electrical Stations (Section 103(1)), Institutions (Section 104) and sites of Building Operations and Works of Engineering Construction (Sections 107 and 108).

2.—Cases in which DEFECTS were found

Particulars	Number of cases in which defects were found				Number of cases in which prosecutions were instituted
	Found	Remedied	Referred		
			To H.M. Inspector	By H.M. Inspector	
(1)	(2)	(3)	(4)	(5)	(6)
Want of cleanliness (S.1)	3	4	–	1	–
Overcrowding (S.2)	–	–	–	–	–
Unreasonable temperature (S.3)	–	–	–	–	–
Inadequate ventilation (S.4)	–	–	–	–	–
Ineffective drainage of floors (S.6)	–	–	–	–	–
Sanitary Conveniences (S.7) :					
(*a*) insufficient	4	7	–	3	–
(*b*) unsuitable or defective	92	80	–	87	–
(*c*) not separate for sexes	1	1	–	4	–
Other offences against the Act (not including offences relating to Outwork)	1	1	–	1	–
Total	101	*93	–	96	–

(*Includes 46 from previous years)

PART VIII OF THE ACT

OUTWORK (Sections 110 and 111)

Nature of Work	Section 110			Section 111		
	No. of outworkers in August list required by Sect. 110 (1) (*c*)	No. of cases of default in sending lists to the Council	No. of prosecutions for failure to supply lists	No. of instances of work in unwholesome premises	Notices served	Prosecutions
Wearing apparel, Making, etc.	762	–	–	–	–	–
Total	762	–	–	–	–	–

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